



Discrimination/Harassment Complaint Form

Please answer all questions as *completely* as possible. Attach additional pages if needed.

1. Complainant Information:

Name: _____ Date: _____

Position/Title: _____ Department: _____

Division: _____ Section: _____

Mailing Address: _____

Work Phone: _____ Home/Cell Phone: _____

Email Address: _____

How do you prefer to be contacted (Work #, Cell # or Email)? _____

2. Issue(s): How do you believe you were discriminated against or harassed?(Check appropriate boxes)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Assignments | <input type="checkbox"/> Disparate Impact | <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Reasonable |
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Disparate Treatment | <input type="checkbox"/> Promotion | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Classifications | <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Reduction in | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Harassment | <input type="checkbox"/> Force/Layoffs | <input type="checkbox"/> Sick Leave |
| <input type="checkbox"/> Denial of Training | <input type="checkbox"/> Loss of Employment Benefits | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Disciplinary Action | | | <input type="checkbox"/> Transfer |

3. Basis: On what basis do you believe that you were discriminated against or harassed? Protected classes (Check appropriate boxes)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Pregnancy (Breast | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status | <input type="checkbox"/> feeding, child birth and | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> other medical conditions | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Military/Veteran's Status | <input type="checkbox"/> related to pregnancy) | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Gender (incl. Gender | <input type="checkbox"/> National Origin | <input type="checkbox"/> Race | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Identity or Expression) | <input type="checkbox"/> Political Affiliation | | |

3. What happened that you believe was discriminatory or harassing? For each occurrence, include the date, name of the person who took the action against you, location, and description of the action that you believe to be discriminatory/harassing. Describe the specific acts or omissions as **clearly** and **completely** as possible. Please attach additional pages if needed. Make additional copies of the following page, if necessary.

[illegible]

4. Why do you believe these actions were discriminatory or harassing?

5. Were the above actions/occurrences reported to anyone prior to this? If so, who and when?

6. Have you filed a complaint relative to this matter with another agency?

- ☐ No. ☐ Yes: ☐ EEOC (U.S. Equal Employment Opportunity Commission)
☐ DFEH (CA Department of Fair Employment & Housing)
☐ Other (specify): _____

7. Were there any witnesses to the actions described above? If so, please list them below:

Name	Title	Phone Number	What was witnessed?

8. Have any actions been taken to resolve this complaint informally?

9. What resolution are you seeking?

10. Additional Information: Please attach any documents or emails that would help further explain or support your allegation(s).

It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such disclosure become necessary, it will be only to persons who have a need to know your identity or the details and nature of your complaint. Confidentiality will be preserved to the extent possible.

You should also be aware that the Federal Equal Opportunity Commission and the California Department of Fair Housing and Employment investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office can be found at www.eeoc.gov and www.dfeh.ca.gov.

I understand the above information is true and complete to the best of my knowledge and belief.

Signature

Today's Date

Click "SUBMIT" to email completed form to the EEO Office or print and mail, fax, or email to:

Mail: Equal Employment Opportunity Office, Department of Personnel Services
700 H Street, Room 5720, Sacramento, CA 95814

Email: EEOffice@SacCounty.net

Mail Code: 09-5720

Phone: (916) 874-7184

TDD: 711

Fax: (916) 874-4542