



## Discrimination/Harassment Complaint Form

Please answer all questions as completely as possible. Attach additional pages if needed. (If you prefer, complete an [Online Complaint Form](#), view [Complaint Frequently Asked Questions](#).)

### Complainant Information:

Name:

Date:

Position/Title:

Department:

Division:

Mailing Address:

Work Phone:

Home/Cell Phone:

Email Address:

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

### 1. Issue(s):

**How do you believe you were discriminated against or harassed?** (Please choose from the following options: Assignments, Appointments, Classifications, Demotion, Denial of training, Disciplinary Action, Disparate Impact, Disparate Treatment, Failure to Promote, Harassment, Loss of Employment Benefits, Merit Increase, Promotion, Reduction in Force/Layoffs, Reinstatement, Reasonable Accommodation, Retaliation, Sick Leave, Termination, Transfer):

### 2. Basis:

**On what basis do you believe you were discriminated against or harassed?**

(Please choose from the following protected classes: Age, Ancestry, Color, Disability, Gender including Gender Identity or Expression, Genetic Information, Marital Status, Medical Condition, Military Veteran's Status, National Origin, Political Affiliation, Pregnancy including Breast Feeding, childbirth and other medical conditions related to pregnancy, Race, Religion, Sex, Sexual Orientation. If none of these apply, please write none of the above:

### 3. Conduct:

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.

#### **First Incident:**

Date of Occurrence:

Person who took action (Accused):

Location:

Action or Occurrence:

#### **Second Incident:**

Date of Occurrence:

Person who took action (Accused):

Location:

Action or Occurrence:

#### **Third Incident:**

Date of Occurrence:

Person who took action (Accused):

Location:

Action or Occurrence:

#### **Fourth Incident:**

Date of Occurrence:

Person who took action (Accused):

Location:

Action or Occurrence:

4. **Why do you believe these actions were discriminatory or harassing?**
5. **Were the above actions/occurrences reported to anyone before this? If so, who and when?**
6. **Have you filed a complaint related to this matter with another agency, such as EEOC (U.S. Equal Employment Opportunity Commission), CRD (California Civil Rights Division), or Other (specify)?**

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

(Please attach additional pages if needed.)

**First Witness:**

Name:

Title:

Phone Number or Email:

What was witnessed:

**Second Witness:**

Name:

Title:

Phone Number or Email:

What was witnessed:

**Third Witness:**

Name:

Title:

Phone Number or Email:

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 to 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 be aware that the Federal Equal Opportunity Commission and the California Civil Rights Department 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 [Equal Employment Opportunity Commission](#) or [California Civil Rights Department](#).

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

**Signature:**

**Date:**

**Email, fax, or print and mail completed form to the EEO Office:**

Equal Employment Opportunity Office, Department of Personnel Services

9310 Tech Center Drive, Suite #100, Sacramento, CA 95826

Email: [EEOffice@saccounty.gov](mailto:EEOffice@saccounty.gov)

Phone: (916) 874-7148

Fax: (916) 874-4542

Mail Code: 61-120A

TDD: 711