



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 Guidelines](#) or [Complaint Frequently Asked Questions](#).)

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

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

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

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.

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 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)
 CRD (California Civil Rights Department)
 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 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 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**

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

Mail: Equal Employment Opportunity Office, Department of Personnel Services
9310 Tech Center Drive, Sacramento, CA 95826

Email: EEOffice@SacCounty.gov

Mail Code: 61-120A

Phone: (916) 874-7148

TDD: 711

Fax: (916) 874-4542