



**COUNTY OF MONTEREY  
EQUAL OPPORTUNITY OFFICE**

168 W. Alisal St., 3<sup>rd</sup> Floor  
Salinas, CA 93901

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**DISCRIMINATION COMPLAINT FORM**

(For EOO Use Only: Case # \_\_\_\_\_ )

Name of Complainant:			
Job Title:		Supervisor:	
Department:		Division:	
Home Address:			
Telephone: Work:	Home:	Cell:	
Which telephone number do you prefer we use to contact you? <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Email Address:			
Please indicate the most convenient time(s) and day(s) to reach you:			
Time(s):		Day(s):	

I believe that I have been discriminated against on the basis of:

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Age (40 and over) | <input type="checkbox"/> Veteran Status        | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Disability        | <input type="checkbox"/> Sexual Harassment     | <input type="checkbox"/> Sex         |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion          | <input type="checkbox"/> Sexual Orientation    |                                      |
| <input type="checkbox"/> Ancestry        | <input type="checkbox"/> Marital Status    | <input type="checkbox"/> Other (specify) _____ |                                      |

Name(s) of people(s) who allegedly discriminated against you:
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DATE MOST RECENT DISCRIMINATION OCCURRED: \_\_\_\_\_

DETAILS of INCIDENT(S): (Include all incidents involving discrimination/harassment. Provide as much detail as possible, including dates, locations, times and person(s) involved, and witnesses, if any, for each incident. Attach additional pages if necessary.)

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Why do you believe the treatment you describe is discrimination? \_\_\_\_\_

Have you attempted you resolve your problem by discussing this matter with your supervisor, a Human Resources staff member, department management, etc.?

- Yes  No

If yes, provide the name(s) and title(s) of the person(s), the date(s) you spoke with each person, and a description of what happened. (Attach additional pages if necessary):

How were you harmed? (Check appropriate boxes)

- Loss or Denial of:  Position  Promotion  Vacation  Training  Benefits  Leave  Job  Salary  Status  Other \_\_\_\_\_

If it were up to you, how would you resolve your complaint:

Optional: Please provide the information below for statistical purposes:

- Sex:  Female  Male
Race/Ethnicity:  White  American Indian  Black/African American
 Hispanic  Filipino  Asian & Pacific Islander
 Other

Confidentiality

The County of Monterey cannot guarantee that complaints will remain confidential after an investigation has commenced because EOO records may be subject to subpoena, and may be discoverable or may be voluntarily disclosed by the County if a complaint results in litigation. Under certain circumstances, records may be subject to subpoena by the Equal Employment Opportunity Commission (EEOC), a federal agency, and the California Department of Fair Employment and Housing (DFEH). However, our office will make all reasonable efforts to maintain the confidentiality of complaints and related records, to the extent allowable by law.

Complainant's Rights

I am aware that I may file this charge with the Equal Employment Opportunity Commission (EEOC) or Department of Fair Employment and Housing (DFEH) or other applicable state and federal agencies. I am aware that these agencies each have a statute of limitation requirement and it is my responsibility to comply with the rules, regulations and filing timelines of each such agency.

I declare all information provided is true and correct to the best of my knowledge and recollection.

Complainant's Signature

Date

For Office Use Only: Received by: \_\_\_\_\_

Date: \_\_\_\_\_