

County of Monterey



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E-mail: civilrights@co.monterey.ca.us

DISCRIMINATION COMPLAINT FORM

Instructions: *Please complete this form to the best of your ability. Attach additional pages if necessary. Your complaint will be processed per the Civil Rights Office Procedures. The procedures can be found on our website, or you may request a copy from the Civil Rights Office. If you require assistance completing this form, please contact us.*

Retaliation prohibited. Monterey County policies prohibit retaliation against those who report, oppose, or participate in an investigation of alleged policy violations. This includes intimidation, threat, coercion, or discrimination. Any employee involved in retaliatory conduct will be subject to disciplinary action in accordance with County policy. Please notify the Civil Rights Officer immediately if any retaliation occurs.

Your Information

Name:

Mailing Address:

Street/City/State/Zip

E-mail Address:

*Below enter all your contact information and **check** telephone number, time(s), and day(s) at which you prefer to be contacted*

Home Phone

Work Phone

Cell Phone

8 a.m. - 10 a.m.

10 a.m. - Noon

1 p.m. - 3 p.m.

3 p.m. - 5 p.m.

Monday

Tuesday

Wednesday

Thursday

Friday

Will you need an interpreter during the complaint process?

Yes

No

If yes, please indicate language

Affiliation with the County of Monterey (Check most appropriate box and provide requested information)

Employee Job Title/Position
 Department/Division
 Supervisor Name
 Supervisor Title

Applicant Position Applied for:

Volunteer Department

Vendor/Contract Worker

Service Recipient / Constituent / Resident

Basis of Alleged Discrimination / Harassment

Check the category(ies) you believe to be the basis of the discrimination/harassment against you. If you believe more than one basis is involved, check all appropriate categories.

Age (40 years or older)

Ancestry

Color

Denial of Family and Medical Care Leave (including: bonding with a newborn, adopted child, or foster child; or caring for an employee's own, or an immediate family member's serious health condition)

Disability (mental and physical) including HIV and AIDS

Gender identity and Gender Expression

Gender

Genetic Information

Marital Status

Medical condition (cancer and genetic characteristics)

Military and Veteran status

National origin (including language use restrictions)

Race

Religious creed (including religious dress and grooming practices)

Retaliation

Sex (including pregnancy, child birth, breastfeeding, and medical conditions related to pregnancy, child birth, or breastfeeding)

Sexual Harassment

 Hostile environment

 Quid pro quo

Sexual Orientation

Other (specify)

Information Regarding the Person(s) Responsible for the Alleged Discrimination

(Use an additional page for providing information for any additional parties responsible for the alleged discrimination)

Person 1

Name: Title:
Department: Telephone:
Address:
Date of first occurrence:
Date of most recent occurrence:

Person 2

Name: Title:
Department: Telephone:
Address:
Date of first occurrence:
Date of most recent occurrence:

Details Regarding Incident(s)

Please explain how you were discriminated against, harassed, or denied reasonable accommodation related to your disability or medical condition.

Have you previously reported this information?

No

Yes *If yes, provide to whom you reported the information below*

Name of Agency/Office/Individual:

Date reported:

Describe any known results below:

Complaint Resolution

What would you like the County to do in response to your complaint? What do you see as the ideal remedy or resolution to your complaint?

Complainant’s Representative Information

Do you have an attorney who has agreed to represent you in this matter?

No

Yes *If yes*, please provide your attorney’s information below

Name of Attorney:

Firm Name:

Firm Address:

City:

State:

Zip:

Telephone:

E-mail Address:

Confidentiality Statement

The County of Monterey cannot guarantee that complaints will remain confidential after an investigation has commenced because 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, a federal agency, and the California Department of Fair Employment and Housing. 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 or Department of Fair Employment and Housing 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

Demographic Information

The information below is optional and will be used only for statistical purposes

Primary Language:

Age:

Gender: Female Male Other

Ethnic Category

WHITE

(not of Hispanic origin; all persons having origins in any of the original peoples of Europe, North Africa or the Middle East)

AFRICAN AMERICAN

(not of Hispanic origin; all persons having origins in any of the black racial groups of Africa)

HISPANIC

(All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)

ASIAN OR PACIFIC ISLANDER

All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, Pacific Islands. For example, this area includes China, India, Japan, Korea, the Philippine Islands, and Samoa

AMERICAN INDIAN OR ALASKAN NATIVE

All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disability(ies) *(Check all applicable)*

AIDS or HIV

Limbs (Arms/Legs)

Blood/Circulation

Mental

Brain/Nerves/Muscles

Sight

Digestive/Urinary/Reproduction

Speech/Respiration

Hearing

Spinal/Back/Respiration

Heart

Other Disability