COUNTY OF ORANGE EQUAL EMPLOYMENT OPPORTUNITY ACCESS OFFICE

333 W Santa Ana Blvd, Bldg 10 2nd Floor
Santa Ana, CA 92701

DISCRIMINATION COMPLAINT FORM

(Please Print & Use Ink)

NAME: _____ _____
First Middle Last Date

ADDRESS: _____
Street City County Zip

CLASS TITLE: _____ AGENCY _____

PHONE: Business ( ) _____ Home ( ) _____

I Prefer to be contacted by phone at: ☐ Work ☐ Home _____ days _____ time

Person to contact if I cannot be reached: _____ _____
Name Phone

1. How do you feel you were discriminated against? Please be specific as to why you believe the adverse personnel action was taken based on the category checked in section 2. Please check only those which apply:

   a. ☐ Misinterpretation or misapplication of the Memorandum of Understanding or Personnel and Salary Resolution
   b. ☐ Probation Release
   c. ☐ Other_____
   (Please Specify)

2. On what basis do you feel you were discriminated against? *Please check only those which apply:*

a. □ Race	g. □ Medical Condition (Genetic Information)	m. □ Denial of pregnancy disability leave or reasonable accommodation
b. □ Color	h. □ Marital Status	n. □ Political Affiliation or Opinion
c. □ Ethnicity/Ancestry /National Origin	i. □ Sex Related issue (Gender, Pregnancy, Sexual Orientation)	o. □ Retaliation
d. □ Religion	j. □ Veteran Status	p. □ Other _____
e. □ Age (40 and over)	k. □ Citizenship	
f. □ Physical or Mental Disability	l. □ Denial of family and medical care leave	

3. Date of occurrence which gave rise to the alleged discrimination:_____

4. What reasons (if any) were given to you by the County for the action taken? _____

_____

_____

_____

_____

COUNTY OF ORANGE
DISCRIMINATION COMPLAINT FORM
PAGE 2

5. What information do you have to indicate that you were affected by discrimination? Please be specific as possible and include all pertinent dates, names, and incidents involving the alleged discrimination. *Use the back of the page for more room or attach a separate sheet.*

6. List names, job title and phone number (if possible) of witnesses you feel can provide evidence.

7. What action do you request the County take?

8. If County employee, have you filed a grievance regarding this matter? ☐ Yes ☐ No

   a. Date grievance was filed _____
   (If Applicable)

   b. Are you being represented by a labor organization? ☐ Yes ☐ No

   c. Name of representative _____ Organization _____

   d. Do you have an attorney? ☐ Yes ☐ No

   If so, please provide name, address and telephone number: _____
   Name

   _____ _____
   Address Phone

   e. Have you filed a complaint on this matter with any other agency? If so, please specify:

   Equal Employment Opportunity Commission _____ Date complaint filed _____

   Department of Fair Employment and Housing _____ Date complaint filed _____

   Other _____ Date complaint filed _____

My signature hereby authorizes the Equal Employment Opportunity Access Office to gather all essential information in the investigation of my complaint, and, if necessary, to share this information with other parties involved in the resolution of this complaint.

_____ _____
Signature of Complainant Date