Discrimination Complaint Form

Complainant: __________________________

Job Title ___________________________ Department ___________________________

Email Address: ___________________________ Supervisor’s Name ___________________________

Home Address: ___________________________

Work # ( ) ___________________________ Home # ( ) ___________________________ Cell # ( ) ___________________________

ISSUE(S)

☐ Denial of Selection ☐ Denial of Training ☐ Denial of Promotion
☐ Termination ☐ Lay-off ☐ Denial of Leave
☐ Constructive Discharge ☐ Disciplinary Action ☐ Harassment
☐ Differential Treatment ☐ Sexual Harassment ☐ Other (please specify)
☐ Denial of Reasonable Accommodation

ALLEGATION(S) BASED ON:

☐ Age ☐ National Origin/Ancestry ☐ Retaliation
☐ Sex/Gender ☐ Race/Color ☐ Religion
☐ Disability ☐ Political Belief ☐ Gender Identity
☐ Pregnancy ☐ Sexual Orientation ☐ Medical Condition
☐ Marital Status ☐ Genetic Characteristics ☐ Union Activity
☐ Other (please specify)

Name and title(s) of person(s) causing discrimination and/or harassment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name(s), title(s), and contact information of witness(es) or person(s) who may have relevant information or evidence helpful to the investigation and resolution of the complaint:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Describe in detail the circumstances surrounding your allegations of discrimination and/or harassment. Please include date(s), time(s) and locations where the act(s) occurred and use a separate sheet of paper if more room is needed and attach to this document.

Date ____________________________ Signature of Complainant ____________________________

What remedy are you seeking? _______________________________________________________

Please complete and return to:

Antoine Wilson
Affirmative Action/EEO Officer
651 Pine Street, 3rd Floor
Martinez, CA 94553-1291
925-335-1045 (Office)
925-335-1799 (Fax)
antoine.wilson@cao.cccounty.us