



COUNTY OF SONOMA
**HUMAN
 RESOURCES
 DEPARTMENT**

OPPORTUNITY ■ DIVERSITY ■ SERVICE

Complaint Form

FOR OFFICIAL USE ONLY		
Interview Date:		
Interviewer:		
Approval:		
Action Taken:		
Processing Time:	:HR	:MIN
Formal:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Informal:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The information requested on this form will assist EEO in the Complaint Process.

PLEASE PRINT

DATE:

Complainant's Name: _____
First Middle Last

Address: _____
Street Apt. # City County Zip Code

Telephone Number: **WORK:** () _____ **HOME:** () _____
Area Code Area Code

Do you prefer to be contacted by telephone at work/home: Day(s): _____ Time: _____

Person to contact if you cannot be reached or if you move:

Name: _____ **Telephone #:** () _____
Area Code

WHOM DO YOU WISH TO COMPLAIN AGAINST?: (Name and address of individual, department etc.)

Name:

Address: _____
Street City County Zip Code

Telephone Number: **WORK:** () _____ **HOME:** () _____
Area Code Area Code

OTHERS YOU WISH TO COMPLAIN AGAINST: (Other named individuals who were involved in this particular complaint.)

Name:

Title: _____ **Telephone #:** () _____
Area Code

Address: _____
(if known) Street City County Zip Code

(Continue on back if necessary)

1. On which basis do you believe you were discriminated against?: (Please check as many as apply.)

- Race Age (40 and over) National Origin Religion
- Color Sexual Orientation Medical Condition Cancer
- Sex Marital Status Pregnancy Denial of Family Care Leave
- Genetic Characteristics Disability Ancestry
- Other _____

2. Check the alleged discriminatory conduct (and indicate the date of occurrence):

- _____ Terminated/Laid Off _____ Denied Promotion _____ Harassed
- _____ Denied Leave (Pregnancy/Family Care Leave) _____ Denied Accommodation _____ Retaliation
- _____ Denied Accommodation for Pregnancy _____ Denied Equal Pay _____ Not Hired
- _____ Impermissible Non-Job-Related Inquiry _____ Other

3. List the names, addresses, job titles and telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide information. Explain what you think each witness will be able to tell us.

Name and Address	Title/Relationship	Telephone Numbers	
		Home	Work

Can provide information regarding:

Name and Address	Title/Relationship	Telephone Numbers	
		Home	Work

Can provide information regarding:

(Use extra sheets of paper for additional witnesses, if necessary.)

4. Have you filed a complaint with the Department of Fair Employment & Housing (DFEH), or the U.S. Equal Employment Opportunity Commission (EEOC)? YES___ NO___ DFEH___ EEOC

DATE: _____

SIGNATURE: _____

INTERVIEWER'S NOTES

Complainant's assertions:

Three horizontal lines for writing.

Relevant information:

Five horizontal lines for writing.

What does Complainant say the department's position will be?

Three horizontal lines for writing.

What does Complainant want as a remedy?

Three horizontal lines for writing.

Complaint taken for investigation?

YES__ NO

If not taken, explain rationale:

Three horizontal lines for writing.

Did you inform Complainant of County Policy and time frames?

YES__ NO

Did you give the Complainant a copy of County Policy?

YES__ NO

Did you give the Complainant a copy of County Complaint Form?

YES__ NO

Did you inform Complainant of other agencies (DFEH & EEOC)?

YES__ NO

