CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(for Internal Use Only)*

Initial Filing: [ ]  Site Level [ ]  Equal Employment Opportunity Section

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

1. Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No.: \_\_\_\_\_\_\_\_\_\_\_\_

Work Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of the alleged discriminatory/harassing act: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Internal Complaint System requirement: Above date must be within 12 months of date you file this complaint.)

1. Check and specify the basis upon which your complaint is being filed.

(Example: \_\_National Origin (Hispanic)

[ ]  Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Color

[ ]  National Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Sex

[ ]  Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Disability

[ ]  Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Political Belief or Affiliation

[ ]  Medical Condition (cancer-related) [ ]  Ancestry

[ ]  Military Status [ ]  Sexual Orientation

[ ]  Marital Status

1. The alleged employment discrimination/harassment occurred in connection with:

[ ]  Assignment [ ]  Harassment [ ]  Sexual Harassment [ ] Apprenticeship

[ ]  Retaliation [ ]  Benefits [ ]  Lay Off [ ]  Demotion

[ ]  Promotion [ ]  Transfer [ ]  Discharge [ ]  Wages

[ ]  Disciplinary Action [ ]  Terms and Conditions

[ ]  Reasonable Accommodation [ ]  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name(s), Title(s), Work Location(s) an Telephone Number(s) of the accused:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present the facts of the alleged discriminatory/harassing employment practice. Describe completely the reason(s) for your complaint. You must include the date(s) and relevant circumstances underlying your allegation. Give the names of all persons involved. Please add sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have witnesses that can corroborate your allegations? [ ]  Yes [ ]  No

If yes, please identify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please supply supporting evidence that you may have to document the basis for the alleged discriminatory/harassing practice that you are claiming (e.g., copies of any written material, emails, pictures, etc.).

 I have attached supporting evidence: [ ]  Yes [ ]  No

1. Have you filed any other claim, complaint or grievance related to this matter? [ ]  Yes [ ]  No

If Yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What remedy are you seeking to resolve your complaint?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that the filing of this complaint does not protect any other rights that I may have as an employee of the District or as covered by a collective bargaining agreement. By signing below, I declare and affirm under penalty of perjury under the laws of the State of California that the statements made herein (and the accompanying attachments, if any) are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s Signature Date Filed

Please submit this form to the site administrator, designee, or his or her immediate supervisor. If the complaint is being filed with the Equal Opportunity Section, please mail or fax to EOS at: 333 South Beaudry Avenue, 20th Floor, Los Angeles, CA 90017; facsimile 213.241.3308. For more information, please call EOS at 213-241-7685.