

DISCRIMINATION COMPLAINT FORM

SANTA CLARA COUNTY – EQUAL OPPORTUNITY DEPARTMENT

Confidentiality: The County of Santa Clara cannot guarantee that complaints will remain confidential after an investigation has commenced because EOD records are subject to subpoena and right of discovery if a case goes to litigation, and can be subpoenaed by the Equal Employment Opportunity Commission (EEOC), a federal agency; however, our office will take all appropriate measures to maintain the confidentiality of complaints and those involved in the complaint process.

NAME of COMPLAINANT _____ Employee Applicant Client/Patient

Job Title _____ Time w/County _____ Email _____

Job Location _____ Department _____

Employee ID number _____ Supervisor _____

Preferred method of contact (Work or Home Email, Work or Home/Cell Phone): _____

Home Address _____

Phone: Wk () _____ Hm () _____ Cell () _____

I BELIEVE I WAS DISCRIMINATED AGAINST/HARASSED BECAUSE OF MY ACTUAL OR PERCEIVED:

- | | | |
|--|---|---|
| <input type="checkbox"/> Age (40 and over) | <input type="checkbox"/> Medical Condition
(Genetic Characteristics) | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> National Origin | <input type="checkbox"/> Retaliation* |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Religious Belief |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Political Belief | <input type="checkbox"/> Sex/Gender |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Military/Veteran's status | <input type="checkbox"/> Organizational Affiliation |
| <input type="checkbox"/> Marital Status | | <input type="checkbox"/> Family Care or Medical Leave |

Association with any individual in any of the above groups.

***If you checked Retaliation, please check what previous protected activity you engaged in:**

- | | |
|--|---|
| <input type="checkbox"/> I filed a previous Discrimination Complaint | <input type="checkbox"/> I participated in a Discrimination Investigation |
| <input type="checkbox"/> Family Care or Medical Leave | <input type="checkbox"/> Reasonable Accommodation |

ALLEGATION(S) AGAINST: _____ Job Title _____

Phone: Wk. () _____ Cell () _____

Job Location _____ Department _____

Supervisor _____ Department Director _____

As a result of the category (box) checked above, the following actions were taken against me. Please list DATE, LOCATION, DETAILS of INCIDENT: (When, Where, What, How, Frequency, Witnesses, Who did you tell, etc.)
Attach additional pages if necessary.
