

Submit completed form to the Office of Civil Rights (OCR) at:
 1220 N Steet, Room 115, Sacramento, CA 95814 or
Civil_Rights@cdfa.ca.gov

Part I: Complainant Information

If not a CDFA or DAA employee, only include relevant information as it pertains to you.

Complainant Name:		Home/Cell Telephone:
Home Address:		Office Location/Address:
Preferred Email Address:	Supervisor:	Supervisor Telephone:
Job Classification:	Division/Branch/DAA:	Work Telephone:
Alleged Victim (if different than Complainant):		Work Telephone:
Division/Branch/DAA:	Alleged Victim's Supervisor:	Supervisor Telephone:

Part II: Respondent/Offender Information

If there are more Respondents than there is room available, include a separate sheet of paper. If the Respondent is not a CDFA or DAA employee, include only relevant information.

Respondent/Offender's Name:		Telephone:
Office Location/Address:	Supervisor:	Supervisor Telephone:
Job Classification:	Division/Branch/DAA:	Work Telephone:
Respondent/Offender's Name (if multiple):		Telephone:
Office Location/Address:	Supervisor:	Supervisor Telephone:
Job Classification:	Division/Branch/DAA:	Work Telephone:

Part III: Basis of Complaint

Check all appropriate boxes that best fit your complaint. Refer to the Discrimination and Harassment Prevention policy for terms and definitions.

I believe I have experienced (select the appropriate complaint)

- Discrimination
- Harassment

because of my actual or perceived (check all that apply):

- Age (anyone age 40 or over)
- Ancestry
- Color (Skin Color)
- Disability (mental, physical, perceived)
- Gender
- Gender Identity
- Gender Expression
- Genetic Information
- Marital Status (single, divorced, widowed, parental status)
- Medical Condition (HIV/AIDS, Cancer, etc.)
- Military or Veteran Status
- National Origin (Includes language use and accent)
- Political Affiliation
- Pregnancy (Including childbirth, breastfeeding, related medical conditions, and leave requests)
- Race
- Religion (Includes religious dress and grooming)
- Request for Family Medical/Care Leave (family or self)
- Sex
- Sexual Orientation (Heterosexual, homosexual, bisexual, asexual, etc.)
- Sexual Harassment (Hostile Work Environment)
- Sexual Harassment (Quid Pro Quo)
- Status as a Victim of Hate Violence, Human Trafficking, Stalking, or Domestic Violence
- Other – Please Explain:

I believe I have been retaliated against because of a protected activity I engaged in (choose all protected activities that apply):

- Opposing discriminatory/harassing practices
- Declaring to file an OCR complaint
- Filing an OCR complaint
- Participating in an Investigation
- Requesting Protected Leave
- Requesting a Reasonable or Religious Accommodation
- Participating in court proceedings
- Other – Please Explain:

I believe I have been denied a Reasonable or Religious Accommodation or the Interactive Process.

Description of incident(s) including what alleged actions the Respondent/Offender engaged in. Include dates of incidents and all evidence you have to support you claim(s). (Attach additional sheets of paper as needed.)

Part IV: Witness Information

If there are more witnesses than spaces provided, include them on a separate sheet of paper with relevant information.

Witness 1 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness 2 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness 3 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness 4 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V: Remedies

What remedy are you seeking?

Part VI: Related Complaint Filing

If a complaint was filed with an entity other than the OCR, please indicate in the following section.

Please check all that apply:

- | | |
|---|-------------------|
| <input type="checkbox"/> California Civil Rights Department | Date Filed: _____ |
| <input type="checkbox"/> Equal Employment Opportunity Commission | Date Filed: _____ |
| <input type="checkbox"/> Worker's Compensation | Date Filed: _____ |
| <input type="checkbox"/> Union Grievance | Date Filed: _____ |
| <input type="checkbox"/> State Personnel Board Appeal | Date Filed: _____ |
| <input type="checkbox"/> State Auditor's Office/Whistleblower Hotline | Date Filed: _____ |
| <input type="checkbox"/> Law Enforcement Agency: _____ | Date Filed: _____ |
| <input type="checkbox"/> Other – Please Explain: | |

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Please continue to page 5**

Complainant's Rights and Responsibilities

1. The responsibility to provide accurate and factual information during all phases of the complaint process.
2. The right to file a discrimination/harassment/retaliation complaint.
3. Freedom from retaliation for filing a report.
4. The right to a reasonable amount of work time to make an informal presentation of a report to the OCR. Consistent with immediate needs, this right shall not be abridged, or its exercise delayed by any supervisor.
5. The right to be assisted by a representative of their own choosing at all stages of the process.
6. The right to a full, objective, and prompt investigation.
7. The right to a timely decision from the appointing power, or authority designated by the appointing power, after full consideration of all relevant facts and circumstances.

CONFIDENTIALITY

The Department can only guarantee limited confidentiality – that the information will be limited to those who “need to know.” An investigator cannot promise complete confidentiality as it may be necessary to disclose information obtained during the investigation in order to complete the investigation and take appropriate action. All parties involved will make every effort to maintain discretion throughout the investigatory process.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Complainant's Signature

Date Signed

Please retain a copy of this complaint for your records.