COMPLAINT FORM

Complainant's Name *(Please Print)*	Date:_____
Department	Classification
Home Address _____ City _____ Zip Code_____	Telephone numbers Work: (___)_____ Home: (___)_____ Cell (___)_____

Ethnicity	Sex *(Gender)* ☐ Female ☐ Male	Age ☐ Under 40 ☐ Over 40

Immediate Supervisor/Title	Department Head
Name of Person(s) Charged with Discriminatory Practices	Date(s) Action(s) Took Place
Name of Witness(es)	Date of Last Contact

Cause of Discrimination, Harassment, Retaliation Based On (*Please see Attachment to Check Appropriate Box[es])*

☐ Age	☐ Political Affiliation or Opinion	☐ Sexual Harassment
☐ Ancestry	☐ Pregnancy	☐ Sexual Orientation
☐ Disability	☐ Race	☐ Denial of Family/Medical Leave
☐ Marital Status	☐ Religion	☐ Veteran's Status
☐ Medical Condition	☑ Retaliation (Reprisal)	
☐ National Origin	☐ Sex (Gender)	☐ Other *(Specify)*

State specific incident(s) of discriminatory treatment *(Continue on second page, if necessary)*

Remedy Requested:

I wish to file a EEO discrimination complaint as stated above. I authorize investigation of my complaint and the revealing of my identity only <u>as needed</u> to employees and/or my supervisor(s) in the investigation of my complaint. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge.

Complainant's Signature:	Date:

Specific incident(s) of discriminatory treatment continued:

Privacy Act Notification, Civil Code Section 1798.17: Information you furnish regarding your home address and telephone number will be used only to maintain contact with you in the event of your unavailability at work. Participation in providing this information is voluntary.

TIME-FRAMES AND BASIS FOR FILING INTERNAL AND EXTERNAL COMPLAINTS

An employee, applicant, or client who believes he/she has been discriminated against may file with:

1) Plumas County Human Resources, DFEH, or California Emergency Management Agency (Cal EMA) Equal Employment Opportunity (EEO) Office within 365 days of the last incident or notification of alleged discrimination act(s). If the complainant just obtained knowledge of the alleged discriminatory action(s), an additional 90 days are granted following the one-year expiration date. The covered basis includes RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, RELIGION, AGE, SEX (INCLUDES SEXUAL HARASSMENT), PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, MEDICAL CONDITION, DENIAL OF FAMILY AND MEDICAL AND CARE LEAVE, AND/OR RETALIATION.

2) EEOC within 300 days of the last incident or notification of the alleged discrimination act(s). The covered basis includes RACE, COLOR, SEX (SEXUAL HARASSMENT), NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, AND/OR RETALIATION.

3) Department of Labor (DOL) within two (2) years of the last incident or notification of the alleged discriminatory act(s). The covered basis includes the FAMILY MEDICAL LEAVE ACT (FMLA).

4) Department of Justice OCR one year under the Omnibus Crime Control & Safe Street, Act of 1968 (RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX) and 180 days under other federal legislation listed in the grantee handbook.