

DISCRIMINATION COMPLAINT FORM

SECTION 1 - COMPLAINANT INFORMATION		
COMPLAINANT'S NAME (Please print):	CLASSIFICATION:	DIVISION/PROGRAM:
BUREAU/SECTION/UNIT:	WORK LOCATION (CITY):	WORK TELEPHONE:
HOME ADDRESS AND TELEPHONE NUMBER:		
IMMEDIATE SUPERVISOR'S NAME AND TITLE/CLASSIFICATION:		SECOND LINE SUPERVISOR'S NAME AND TITLE/CLASSIFICATION:
SECTION 2 - RESPONDENT INFORMATION		
RESPONDENT'S NAME:	RESPONDENT'S RELATIONSHIP TO COMPLAINANT:	
SECTION 3 - COMPLAINT INFORMATION		
BASIS OF COMPLAINT:		
<input type="checkbox"/> AGE (40 OR OLDER)	<input type="checkbox"/> POLITICAL AFFILIATION	
<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> RACE	
<input type="checkbox"/> COLOR	<input type="checkbox"/> RELIGION	
<input type="checkbox"/> DENIAL OF FAMILY AND/OR MEDICAL LEAVE	<input type="checkbox"/> SEX (INCLUDING SEXUAL HARASSMENT OR PREGNANCY)	
<input type="checkbox"/> DISABILITY (PHYSICAL OR MENTAL)*	<input type="checkbox"/> SEXUAL ORIENTATION	
<input type="checkbox"/> GENETIC INFORMATION	<input type="checkbox"/> RETALIATION (REPRISAL)	
<input type="checkbox"/> DENIAL OF REASONABLE ACCOMMODATION*	<input type="checkbox"/> VETERAN STATUS/MILITARY LEAVE	
<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> NATIONAL ORIGIN		
DESCRIBE THE SPECIFIC INCIDENT(S) AND TIME FRAME(S)/DATE(S) OF OCCURRENCE (Please see instructions):		
DESCRIBE THE ISSUE OF YOUR COMPLAINT (Please be specific):		
EXPLAIN THE REASON(S) YOU BELIEVE THE ABOVE INCIDENT(S) OCCURRED:		
SECTION 4 - REMEDY REQUESTED		
LIST REMEDY YOU ARE SEEKING:		
SECTION 5 - STEPS TAKEN PRIOR TO FILING COMPLAINT		
WAS MATTER DISCUSSED WITH YOUR SUPERVISOR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WAS THE MATTER DISCUSSED WITH AN EER&R ANALYST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 6		
COMPLAINANT'S SIGNATURE	DATE:	

DISCRIMINATION COMPLAINT FORM

JUS 8866 (Rev. 11/2017)

**INSTRUCTIONS FOR
COMPLETING DISCRIMINATION COMPLAINT FORM**

The California Department of Justice (DOJ) is committed to providing a workplace in which all individuals are treated with respect and professionalism. It is the policy of the DOJ, as required by federal and state laws, to provide a work environment free of discrimination. Please refer to the DOJ's Equal Employment Opportunity (EEO) policy bulletins and Administrative Manual, Chapter 7. This form may be used by a current or former DOJ employee, or a job applicant applying for a position within DOJ to record and report possible discrimination. A discrimination complaint must be filed within 365 days of the last act of discrimination.

DOJ employees or job applicants are also entitled to file a discrimination complaint with the federal Equal Employment Opportunity Commission (EEOC) and/or state Department of Fair Employment and Housing (DFEH). A discrimination complaint must be filed with the EEOC within 300 days; and with DFEH within 365 days of the date of the alleged violation(s).

When filing a discrimination complaint DOJ employees have the right to confidentiality. The DOJ will make every effort to insure that confidentiality is maintained, to the extent possible, in accordance with the applicable federal and state laws. **PLEASE SUBMIT THE COMPLETED DISCRIMINATION COMPLAINT FORM TO: EQUAL EMPLOYMENT RIGHTS & RESOLUTION OFFICE, 1300 I STREET, SACRAMENTO, CA 95814.**

After review of your complaint, an analyst from the Equal Employment Rights and Resolution (EER&R) Office will contact you to provide information on alternate methods for resolution, i.e., informal consultation and/or mediation.

SECTION 1 - COMPLAINANT INFORMATION**COMPLAINANT'S NAME:**

Please do not use initials (except middle name) or nickname. The Complainant's name must be your legal name on official documents.

CLASSIFICATION:

If you are a current DOJ employee, please indicate your State Personnel Board (SPB) Classification, for example, AGPA, SSA, OT, PT, etc.

DIVISION/PROGRAM:

Please provide the division/program in which you work.

BUREAU/SECTION/UNIT:

Please provide the name of your bureau/section/unit.

WORK LOCATION:

Please provide the name of the city in which you work.

WORK TELEPHONE:

Please provide your work phone number, with area code included.

HOME ADDRESS AND TELEPHONE NUMBER:

Please provide your personal mailing address, including street name (or Post Office Box), City, State, and Zip code. Please do not use "On File." Also, provide your home phone number.

IMMEDIATE SUPERVISOR'S NAME AND TITLE/CLASSIFICATION:

Please provide the name of your immediate or first line supervisor. Indicate their job title and/or SPB classification.

SECOND LINE SUPERVISOR'S NAME AND TITLE/CLASSIFICATION:

Please provide the name of the supervisor next in line in your chain of command. Indicate their job title and/or SPB classification.

SECTION 2 - RESPONDENT INFORMATION

Please indicate the person(s) against whom you are filing a complaint. Also, please indicate whether the relationship to the complainant was professional and/or personal at the time of the alleged incident(s), for example, direct supervisor, coworker, subordinate, friend, etc.

SECTION 3 - COMPLAINT INFORMATION**BASIS OF COMPLAINT:**

Select one or more protected characteristics that apply to your complaint.

* If you checked the Disability or Denial or Reasonable Accommodation box and have completed a Request for Reasonable Accommodation form that is related, please attach a copy to your complaint.

DESCRIBE THE SPECIFIC INCIDENT(S) AND TIME FRAME(S)/DATE(S) OF OCCURRENCE (Please use additional paper if necessary):

Please describe the allegation(s) by explaining who, what, where, how, why, and the date of last discriminatory act(s). Provide details of the incident(s), i.e., the name, title, reporting relationship (if any) to the person(s) who allegedly committed the discriminatory act(s). If applicable, list the name(s) of witness(es) for each incident.

DESCRIBE THE ISSUE OF YOUR COMPLAINT (Please use additional paper if necessary):

Please describe the specific issues of your complaint, i.e., opportunity was lost, entitlement denied, or how you were otherwise harmed by the(se) alleged act(s).

EXPLAIN THE REASON(S) YOU BELIEVE THE ABOVE INCIDENT(S) OCCURRED (Please use additional paper if necessary):

Please describe the reason(s) why you believe the incident(s)/behavior(s) occurred because of your protected characteristic (race, sex, disability, etc.), including the facts that support your belief.

SECTION 4 - REMEDY REQUESTED

Please indicate the remedy you are seeking.

SECTION 5 - STEPS TAKEN PRIOR TO FILING COMPLAINT

Please indicate whether this matter has been discussed with a Supervisor and/or an analyst from the EER&R Office.

SECTION 6

Please sign and date the form.

Privacy Notice As Required by Civil Code § 1798.17

Discrimination Complaint - Form JUS 8866

Collection and Use of Personal Information. The Executive Programs in the Department of Justice (DOJ) collects and maintains the information requested on this form as authorized by California Government Code section 12940(k), which requires that an employer take all reasonable steps necessary to prevent discrimination and harassment from occurring. The Executive Programs use this information to review complaints alleging discrimination or harassment and to initiate investigations. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and DOJ policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the information requested in the Discrimination Complaint Form must be provided. This includes the information requested under Section 1 (Complainant Information) and Section 3 (Complaint Information) of the form, which includes personal information.

Access to Your Information. You may review the records maintained by the Executive Programs in the Department of Justice that contain your personal information, as permitted by the Information Practices Act and other applicable laws. See below for contact information.

Possible Disclosure of Personal Information. In order to take reasonable steps necessary to prevent discrimination or harassment within DOJ, we may need to share the information you provide on the Discrimination Complaint Form with other units within the DOJ.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records about you, you may contact the Equal Employment Opportunity Officer, P.O. Box 944255, Sacramento, CA 94244, EERRForms@doj.ca.gov, (916) 210-7580.