

# DISCRIMINATION COMPLAINT FORM

## SANTA CLARA COUNTY – EQUAL OPPORTUNITY DIVISION

*Confidentiality:* The County of Santa Clara cannot guarantee that complaints will remain confidential after an investigation has commenced because Equal Opportunity Division (EOD) records are subject to subpoena and possible discovery if a case goes to litigation, and can be subpoenaed by the Equal Employment Opportunity Commission (EEOC), a federal agency, or the California Department of Fair Employment and Housing (DFEH); however, our office will take appropriate measures to limit disclosure and 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: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

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

- |                  |                              |                              |
|------------------|------------------------------|------------------------------|
| Age (40 or over) | Medical Condition            | Race                         |
| Ancestry         | Genetic Characteristics      | Retaliation*                 |
| Color            | National Origin              | Religious Belief             |
| Culture          | Gender Identity / Expression | Sex / Gender                 |
| Disability       | Political Belief             | Sexual Harassment            |
| Pregnancy        | Sexual Orientation           | Organizational Affiliation   |
| Marital Status   | Military / Veteran’s status  | 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:**

- |   |  |
|---|--|
| I filed a previous Discrimination Complaint | I participated in a Discrimination Investigation |
| Family Care or Medical Leave                | Reasonable Accommodation                         |

**ALLEGATION(S) AGAINST:** \_\_\_\_\_ Job Title \_\_\_\_\_  
Phone: Work \_\_\_\_\_ 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.**

**REMEDY SOUGHT BY COMPLAINANT:**

**If eligible, would you be interested in a conflict resolution process?**      **Yes**      **No**      **Possibly, with more information.**

**Signature of Complainant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit Completed Form to:**  
Equal Opportunity Division  
70 West Hedding Street, East Wing, 9th Floor  
San Jose, CA 95110  
(EOD mail to 9th floor; office location on 3rd floor)  
Phone: (408) 993-4840    Fax: (408) 993-4849  
Email: [EOD@eod.sccgov.org](mailto:EOD@eod.sccgov.org)