

DISCRIMINATION/HARASSMENT COMPLAINT FORM

COUNTY OF SANTA CLARA -- EQUAL OPPORTUNITY DIVISION

Instructions: Please read Guidelines for Filing Complaints with EOD

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 measures necessary to maintain the confidentiality of complaints.

NAME of COMPLAINANT: _____ Employee Applicant

Job Title _____ Time w/ County _____ Time: current position _____

Job Location _____ Supervisor _____

Email Address: _____

Home Address: _____

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

ALLEGATIONS BASED ON:

- | | | |
|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Organizational/ Political Affiliation | <input type="checkbox"/> Sex/Gender |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Religious Belief | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Culture | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Association with any individual in any of these groups | | |

ALLEGATIONS AGAINST: _____ Job Title _____

Job Location _____ Supervisor _____ Relationship (to Complainant) _____

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

DATE, LOCATION, DETAILS of INCIDENT: (Where, What, How, Frequency, Witnesses, Who did you tell, etc.)

REMEDY SOUGHT BY COMPLAINANT:

Signature of Complainant: _____ Date _____