

SAN JOAQUIN COUNTY CIVIL SERVICE COMMISSION CIVIL SERVICE RULE 20 APPEAL REQUEST FORM

INSTRUCTIONS: Please print clearly with a pen or type this form. Completed and signed **original** appeal forms must be submitted to the San Joaquin County Equal Employment Opportunity Office, Administration Building, Suite 330, 44 North San Joaquin Street, Stockton, CA 95202, within fifteen (15) days following receipt of the written notification from the County EEO Office as set forth in Section 5 of Civil Service Rule 20. Please keep a copy for your records.

PART I - APPELLANT INFORMATIO	N				
Name:					
First	Last	Middle Initial			
Employment Status: Employee	☐ Job Applicant				
Your Department (If applicable):	Job Title (If applicable):				
Home Address:					
Street or P.O. Box	City, State	Zip Code			
Telephone:	E-mail:				
Primary	Alternate				
PART II – GROUNDS FOR APPEAI	3				
PART III – BASIS OF ORIGINAL Complete this section in its entirety <u>OR</u> Who Is Your Complaint Of Discrimination	attach a copy of your original disci				
Name		Department			
What Is Your Relationship To The Perso ☐ Co-worker ☐ Supervisor ☐ Man ☐ Other	ager □ Appointing Authority □	Unknown			
		> Over			

On What Basis Do You Feel The Above-Named Person Discriminated Against You? (You must select at least one):									
	Age	☐ Gender		☐ Marital Status		☐ Political Affiliation or Beli	ef 🗆 Se	×X	
	-	Gender ex	-	☐ Medical Condition		Pregnancy	☐ Se	xual orientation	
	Color	☐ Gender ide	•	☐ National Origin		□ Race			
	Creed	☐ Genetic in	formation	☐ Physical or mental D	isability	☐ Religion			
	-	lain why you ages as neces	•	u have been discrimin	nated ag	ainst by the person(s) liste	d above. (A	Attach	
Wh	nat Actio	n Would You	ı Like The	Commission To Take	e (i.e., w	hat remedy are you asking	for)?		
Pur	suant to ir union	Section 5 of O	Civil Servionsel in a pu	blic hearing. Please in	ndicate	yourself in this appeal or cl now you will be represente at must notify the Commis	d. You ma	ay change your	
cal	endar day	s before your	scheduled	•	,				
		e representing	•						
	I will b	e represented	by my unio	on					
	I will be	e represented	by legal co	unsel					
	I am un	sure, but will	provide no	tice within the 5-day tin	meframe	stated above			
				D SIGNATURE de in this appeal are tru	e and co	orrect to the best of my know	ledge and l	pelief	
	Sig	nature Of App	pellant (Co	mplainant)		Date Signed		-	
Rev	ised: 12/1	1/12							