



**SAN JOAQUIN COUNTY
CIVIL SERVICE RULE 20
DISCRIMINATION COMPLAINT FORM
(For Use By Employees and Job Applicants)**

INSTRUCTIONS: Please print clearly with a pen or type this form. Completed and signed **original** complaint 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 written notification of the results of the Informal Complaint Process as set forth in Section 3 of Civil Service Rule 20. For job applicants, this form must be submitted to the above address within sixty (60) days of the date the alleged discrimination occurred. Please keep a copy for your records.

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

My Complaint Of Discrimination Is Against:

Name Department

What Is Your Relationship To The Person Listed Above?

- Co-worker Supervisor Manager Department Head Unknown
 Other _____

Date Of Most Recent Incident Of Alleged Discrimination: _____

I Allege Discrimination Based On The Following Category: (You must select at least one)

- Age Gender Marital status Political affiliation or belief Sex
 Ancestry Gender expression Medical condition Pregnancy Sexual orientation
 Color Gender identity National origin Race
 Creed Genetic information Physical or mental disability Religion

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each action provide the following information: 1) date(s) the discriminatory action occurred; 2) what happened; and 3) why you believe the action was discriminatory. (*Attach additional pages as necessary and submit any documentation you have to substantiate your allegations.*)

Please List The Names, Addresses And Phone Numbers Of Any Witnesses To The Alleged Discrimination: (*Attach additional pages as necessary.*)

Name: _____ Phone Number: () _____

Address: _____

Name: _____ Phone Number: () _____

Address: _____

Name: _____ Phone Number: () _____

Address: _____

What Remedy Are You Seeking To Resolve The Matter?

I Certify That This Information Is Correct To The Best Of My Knowledge.

Signature of Complainant

Date Signed