

SUTTER COUNTY DISCRIMINATION COMPLAINT FORM

Complainant's Name <i>(Please Print)</i>		Title
Department		Classification
Home Address <i>(Street No.)</i>		Telephone numbers
City	Zip Code	Work: () Home: ()
Ethnicity	Sex <i>(Gender)</i> <input type="checkbox"/> Female <input type="checkbox"/> Male	Age <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40
Immediate Supervisor/Title		Second Line Supervisor/Title
Name of Person(s) Charged with Discriminatory Practices		Date(s) Action(s) Took Place

Discrimination Based On:

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Political Affiliation or Opinion | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Denial of Family/Medical Leave |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Retaliation (Reprisal) | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex (Gender) | <input type="checkbox"/> Other <i>(Specify)</i> | |

State specific incidents of discriminatory treatment *(Continue on second page, if necessary)*

Remedy Requested:

I wish to file an EEO discrimination complaint as stated above. I authorize investigation of my complaint and the revealing of my identity only as needed to employees and/or my supervisor(s) in the investigation of my complaint. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my own knowledge.

Complainant's Signature:

Date:

TIME-FRAMES AND BASIS FOR FILING INTERNAL AND EXTERNAL COMPLAINTS

An employee, applicant, or client who believes he/she has been discriminated against may file with:

1. The Employer, DFEH, or California Emergency Management Agency (Cal EMA) Equal Employment Opportunity (EEO) Office within 365 days of the last incident or notification of alleged discrimination act(s). If the complainant just obtained knowledge of the alleged discriminatory action(s), an additional 90 days are granted following the one-year expiration date. The covered basis includes RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, RELIGION, AGE, SEX (INCLUDES SEXUAL HARASSMENT), PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, MEDICAL CONDITION, DENIAL OF FAMILY AND MEDICAL AND CARE LEAVE, AND/OR RETALIATION.
2. EEOC within 300 days of the last incident or notification of the alleged discrimination act(s). The covered basis includes RACE, COLOR, SEX (SEXUAL HARASSMENT), NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, AND/OR RETALIATION.
3. Department of Labor (DOL) within two (2) years of the last incident or notification of the alleged discriminatory act(s). The covered basis includes the FAMILY MEDICAL LEAVE ACT (FMLA).
4. Department of Justice OCR one year under the Omnibus Crime Control & Safe Street, Act of 1968 (RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX) and 180 days under other federal legislation listed in the grantee handbook.