

**DEPARTMENT REPORT OF EMPLOYMENT DISCRIMINATION COMPLAINT**

\* Report Within Five Working Days of Receipt of Complaint\*

**Return to:** Linda Simon, Acting Manager, DHR/EEO Division, One South Van Ness, 4<sup>th</sup> Floor, San Francisco, CA 94103

1. Department/Worksite: \_\_\_\_\_

2. Complainant: \_\_\_\_\_ Tel. No. (Work): \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No. (Home): \_\_\_\_\_

3. Complaint Filing Date: \_\_\_\_\_

4. Complainant's Current Employment Status (circle one): \_\_\_\_\_ Classification: \_\_\_\_\_

PCS TCS LT NCS PV PE TE PROB NOT A CITY EMPLOYEE

5. Basis of Discrimination (specify):

- Race: \_\_\_\_\_
- Color: \_\_\_\_\_
- Religion: \_\_\_\_\_
- Creed: \_\_\_\_\_
- Sex: \_\_\_\_\_
- National Origin: \_\_\_\_\_
- Ethnicity: \_\_\_\_\_
- Age: \_\_\_\_\_
- Disability/Medical Condition: \_\_\_\_\_
- Political Affiliation: \_\_\_\_\_
- Sexual Orientation: \_\_\_\_\_
- Ancestry: \_\_\_\_\_
- Marital or Domestic Partner Status: \_\_\_\_\_
- Gender Identity: \_\_\_\_\_
- Parental Status: \_\_\_\_\_
- Other Non-Merit Factors: \_\_\_\_\_
- Retaliation: \_\_\_\_\_

6. Issue complained of:

- Denial of Employment
- Denial of Training
- Denial of Promotion
- Denial of Reasonable Accommodation
- Termination
- Lay-off
- Constructive Discharge
- Disciplinary Action
- Harassment
- Work Assignment
- Sexual Harassment
- Compensation
- Other (please specify): \_\_\_\_\_

7. Describe the circumstances of the alleged discrimination and include date(s) of adverse employment action(s): (Attach letter of complaint) \_\_\_\_\_

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8. Has the Complainant filed a grievance or lawsuit regarding this complaint? Yes  No

If yes, please specify: \_\_\_\_\_

9. Is the Complainant represented by a Union or an Attorney? Yes  No

Name: \_\_\_\_\_ Organization/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\*10. What steps does the department recommend be taken to address this complaint? (For instance, investigation, alternative dispute resolution, dismissal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*10a. Name and position of staff who will implement recommended steps:

\_\_\_\_\_

11. Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

\*12. Please notify DHR/EEO in written form immediately upon resolution of this complaint.

**\*Subject to the Human Resources Director's approval**

**HUMAN RESOURCES DIRECTOR REVIEW**

Complaint is assigned EEO File Number: \_\_\_\_\_

Approve department's recommendations for addressing complaint. Proceed and notify HR Director of actions, findings, and recommendations for resolution.

Complaint is assigned by HR Director to: \_\_\_\_\_  
and/or the following actions are to be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ for Micki Callahan, Human Resources Director

\_\_\_\_\_ Date