

EMPLOYMENT DISCRIMINATION COMPLAINT

RE 154 (New 10/06)

INSTRUCTIONS

The purpose of the Equal Employment Opportunity (EEO) Policy of the Department of Real Estate is to ensure equal employment opportunities for all job applicants and employees and to maintain an environment free of discrimination. To initiate a claim of discrimination within the Department, please submit this form to the EEO Officer in Personnel within 365 days of the last allegation of discrimination.

I. PERSONAL INFORMATION

COMPLAINANT NAME (PLEASE PRINT)		ETHNICITY		AGE	GENDER
HOME MAILING ADDRESS		CITY/STATE		ZIP CODE	HOME PHONE NO.
CLASSIFICATION	CLASS CODE	CURRENT SALARY	JOB TITLE		DATE APPT. TO POSITION
PHYSICAL WORK LOCATION	WORK HOURS/SCHEDULE		WORK PHONE NO.	CALNET NO.	
IMMEDIATE SUPERVISOR			WORK MAILING ADDRESS		
DATE OF LAST DISCRIMINATORY ACT					

II. BASIS OF COMPLAINT [Check Appropriate Box(es)]:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> A: AGE | <input type="checkbox"/> E: MARITAL STATUS | <input type="checkbox"/> I: RELIGION | <input type="checkbox"/> M: RETALIATION | <input type="checkbox"/> V: VETERANS STATUS |
| <input type="checkbox"/> B: ANCESTRY | <input type="checkbox"/> F: NATIONAL ORIGIN | <input type="checkbox"/> J: SEX (GENDER) | <input type="checkbox"/> N: MEDICAL CONDITION | |
| <input type="checkbox"/> C: COLOR | <input type="checkbox"/> G: POLITICAL AFFILIATION | <input type="checkbox"/> K: SEXUAL HARASSMENT | <input type="checkbox"/> O: FAMILY & MEDICAL LEAVE | |
| <input type="checkbox"/> D: DISABILITY(specify): _____ | <input type="checkbox"/> H: RACE | <input type="checkbox"/> L: SEXUAL ORIENTATION | <input type="checkbox"/> P: PREGNANCY | |

III. ALLEGED DISCRIMINATORY CONDUCT [Check Appropriate Box(es)]:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> DENIAL OF SELECTION | <input type="checkbox"/> DEMOTION OR DISCIPLINARY ACTION | <input type="checkbox"/> DENIAL OF PROMOTION | <input type="checkbox"/> HARASSMENT
(INCLUDING Sexual HARASSMENT) |
| <input type="checkbox"/> DIFFERENT TREATMENT | <input type="checkbox"/> DENIAL OF REASONABLE ACCOMMODATION | <input type="checkbox"/> DENIAL OF TRANSFER | |
| <input type="checkbox"/> LAYOFF | <input type="checkbox"/> TERMINATION | <input type="checkbox"/> OTHER (specify): _____ | |

IV. REASON(S) YOU BELIEVE THE CONDUCT IS DISCRIMINATORY (Use additional paper if necessary):

V. EMPLOYEES ACCUSED OF DISCRIMINATION OR HARASSMENT (Give name, position, gender, and ethnicity, if known)				
NAME	JOB TITLE	WORK NO.	GENDER	ETHNICITY
1.				
2.				
3.				
4.				
5.				

VI. LIST WITNESSES (CO-WORKERS, OR OTHERS) YOU FEEL COULD PROVIDE INFORMATION IN SUPPORT OF YOUR ALLEGATIONS		
NAME/JOB TITLE	INFORMATION WITNESS CAN PROVIDE	WORK NUMBER
1.		
2.		
3.		
4.		
5.		

VII. ACTION(S) REQUESTED BY COMPLAINANT

VIII. DID YOU ATTEMPT TO RESOLVE YOUR PROBLEM BY DISCUSSING THE MATTER WITH SOMEONE IN MANAGEMENT? If yes, give the name and title of the person and state what happened.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
NAME	JOB TITLE	PHONE NUMBER

RESULTS OF ATTEMPTED RESOLUTION:

IX. HAVE YOU FILED A COMPLAINT WITH DFEH EEOC SPB OTHER (specify): _____

SIGNATURE OF COMPLAINANT ➤	DATE FILED
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Name of Complainant: _____

X. SUPPLEMENT : COMPLAINANTS AND RESPONDENTS RIGHTS AND RESPONSIBILITIES

The Equal Employment Opportunity (EEO) staff are legally obligated to advise the complainant and respondent ("parties") of his/her rights and responsibilities. This is done during the initial meeting of the parties. The parties and EEO staff initial each item as it is explained. The parties must then date and sign his/her name at the bottom (where indicated).

Complainant/
Respondent EEO
Staff

- _____ _____ 1 The parties are entitled to representation at each and every step of the process by a person of the party's choosing.
- _____ _____ 2 The parties are obliged to provide accurate and factual information during all phases of the complaint process.
- _____ _____ 3 The complainant(s) has(have) the right to file, report or assist in providing information regarding a complaint without fear of retaliation. The respondent is aware that he/she may not engage in retaliation against the complainant(s) for having made a complaint. If the respondent is found to have engaged in retaliation, the respondent may be subject to disciplinary action up to and including termination.
- _____ _____ 4 The complainant or the respondent may review any information he/she has provided at any time during the informal/formal complaint process. The complainant/respondent may not, however, review information provided by the respondent nor can the respondent review information provided by the complainant.
- _____ _____ 5 The parties are entitled to a timely decision from the appointing power, or authority designated by the appointing power, after full consideration of all relevant facts and circumstances.
- _____ _____ 6 The parties are entitled to separate informal meetings, with an EEO Officer/Counselor, using a reasonable amount of State time to present his/her complaint(s) and or version of events.
- _____ _____ 7 The parties are entitled to present his/her version of events and have it handled as confidentially as possible.
- _____ _____ 8 A complainant has one year from the last occurrence of discrimination in which to file a complaint with this Department.
- _____ _____ 9 A complainant is entitled to file concurrent formal complaints with the Equal Employment Opportunity Commission (EEOC), Department of Fair Employment and Housing (DFEH), State Personnel Board (SPB), or to file a civil action in the appropriate court.

Discrimination in employment is a violation of Federal and State law. The inquiry and resolution of your complaint by this office is under the authority of Government Code Sections 18670 and 18671 and the Department's EEO Policy and Directives.

The information you provide will be maintained by the EEO Office and will be disclosed only to those persons with a need to know in order to assist in the resolution of your complaint.

I have been fully apprised of and am aware of my rights and responsibilities as described above. I have read DRE Policy 0401 pertaining to the equal employment opportunity discrimination complaint procedure.

COMPLAINANT/RESPONDENT SIGNATURE ➤	DATE
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I have fully apprised the parties of their rights and responsibilities as described above.

EEO OFFICER (OR DESIGNEE) SIGNATURE ➤	DATE
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EEO STAFF USE ONLY

Type of Complaint(Circle): Informal Formal Management Inquiry Format Received (Circle): Telephone E-mail Facsimile Other(specify) _____ Date Received: _____	NOTES
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