

DISCRIMINATION OR HARASSMENT COMPLAINT INTAKE COVER LETTER

The County of Santa Cruz is committed to employment hiring process that are discrimination free. As an employee of the County of Santa Cruz you have the right to work in an employment environment free of discrimination and harassment. The Board of Supervisors has adopted policies prohibiting discrimination which protect all employees, both permanent and probationary, and applicants for employment from discrimination on the basis of race, color, religion, national origin, ancestry, disability, creed, medical condition (cancer related or genetic characteristic), gender, marital status, sex, sexual orientation, age (over 18), pregnancy, veteran status, or any other non-merit factor in all personnel actions.

Employment Hiring Practices

The County as a merit system county, conducts recruitment, examination and selection processes under the jurisdiction of the Civil Service Regulations. The County is committed to practices and processes that are free from discrimination.

Unfair vs. Discriminatory Employment Actions

It is often difficult to distinguish between those actions based on discrimination and those taken for other non-discriminatory reasons.

As a general rule, an employer may discharge or discipline an employee for any reason so long as the discharge or discipline is not based on a discriminatory motive, or is not the result of a discriminatory policy. Thus, while a disciplinary or discharge action may be unfair, it is not necessarily discriminatory.

If you have been discriminated against, you can file a complaint with the Equal Employment Opportunity Office. Ideally, you will have already discussed your situation with your immediate supervisor before contacting this Office. If you have not done this already, we strongly suggest that you talk with him/her as soon as possible. If your complaint is with your supervisor, you may go directly to your Department Head. PLEASE NOTE THERE ARE SPECIFIC TIME DEADLINE REQUIREMENTS THAT MUST BE MET. These are listed on the reverse side of this letter.

If after talking to your supervisor and/or your department head you feel you want to pursue your complaint, it will be necessary for you to fill out a formal Discrimination Complaint Form (PER4002). This form is the beginning phase of the discrimination complaint process and is intended to assist us in identifying all relevant issues in your discrimination complaint.

Complaint investigations shall be initiated within 5 working days after being received by the Equal Employment Opportunity Office. All required discussions with affected parties will be held in privacy, away from the complainant's work place. Confidentiality will be afforded all parties as far as is practical.

If you file a discrimination complaint form and wish to add supplemental information during the investigation, you can do so verbally, by telephone or by written communication. If you feel you need to talk with someone in the Equal Employment Opportunity Office, we ask that you obtain prior clearance from your supervisor for release time and then phone for an appointment.

If you have any further questions, you can call the Equal Employment Opportunity Office at 454-2962.

DISCRIMINATION COMPLAINT FILING DEADLINE REQUIREMENTS

The chart below shows the filing and response deadlines for the Discrimination Complaint process.

	Deadline	
	<u>Example</u>	
Alleged act	Day 1	May 1st
Discussion with supervisor	within 10 working days*	May 15th
Response from supervisor	within 5 working days	May 22nd
Formal complaint to Dept Head	within 5 working days*	May 29th
Response from Dept Head	within 10 working days	June 5th
Formal complaint to the EEO	within 5 working days*	June 12th
Report of EEO to County Counsel	within 20 working days	July 11th
Report to complainant/Dept Head	within 20 working days	Aug 8th
Final decision published	within 5 working days	Aug 15th
Appeal to CAO	within 7 calendar days	Aug 22nd
CAO Decision	within 45 calendar days	Oct 6th

Note: Dates shown are absolute maximums. The example includes consideration of holidays occurring during the time period. Where the deadlines are not met by the supervisor or department head, the complainant may proceed to the next step. Additionally, if the complaint involves the supervisor, the complainant may file directly with the department head. If

the complaint involves the department head, the complainant may file directly with the Equal Employment Opportunity Office. Complaints at any of these steps, not filed within 10 working days of the alleged act, will not be processed. The complainant will receive a notice when a complaint is not timely.

You may file a complaint with the Equal Employment Opportunity Commission (EEOC) or Department of Fair Employment and Housing (DFEH) instead of or in addition to your complaint using this procedure. If you need additional assistance or if you have questions that you would like to discuss with a Federal and/or State agency, please contact:

FEDERAL

United States Equal Employment
Opportunity Commission (EEOC)

San Jose Area Office
96 North Third Street, Suite 200
San Jose, CA 95112
(408) 291-7352

STATE

State of CA, Department of Fair
Employment and Housing (DFEH)

San Jose Office
111 North Market Street #810
San Jose, CA 95113
(408) 277-1264
or 1-800-884-1684

COUNTY OF SANTA CRUZ
DISCRIMINATION OR HARASSMENT COMPLAINT FORM

NAME: _____ WORK TELEPHONE: _____

JOB CLASSIFICATION: _____ HOME TELEPHONE: _____

DEPARTMENT: _____ DIVISION: _____

WORK ADDRESS: _____

HOME ADDRESS: _____

IMMEDIATE SUPERVISOR _____ SUPERVISOR'S WORK PHONE: _____

BASIS OF COMPLAINT: ☐ Discrimination ☐ Harassment ☐ Sexual Harassment

Date of alleged discriminatory/harassing act: _____

Describe alleged discriminatory/harassing act and any harm it caused you: _____

Attach additional sheets and documents as needed. Pages attached: _____

Please indicate the factor(s) on which you believe the action taken against you was based:

☐ Race ☐ Color ☐ Religion ☐ National Origin ☐ Ancestry ☐ Gender ☐ Sex
☐ Disability ☐ Medical Condition (cancer related/genetic characteristics) ☐ Pregnancy ☐ Age
☐ Marital Status ☐ Sexual Orientation ☐ Veteran Status ☐ Other (Specify): _____

How did the factor(s) checked above influenced the action(s) taken against you? _____

Discriminatory practice/harassment is charged in: (Check all that apply):

☐ Recruitment ☐ Hiring/Selection ☐ Promotion ☐ Personal Treatment on job ☐ Termination
☐ Layoff ☐ Other (Specify): _____

Alleged action was reported to: ☐ Supervisor ☐ Department Head ☐ Other (Specify): _____

Name, classification, sex and ethnic group of County employee(s) charged with discriminatory action:

Name, position and telephone number of County employee(s) familiar with your complaint: _____

How is each person named above knowledgeable regarding this matter?: _____

CERTIFICATION AND AUTHORIZATION: I certify that the information supplied is true and correct to the best of my knowledge. I authorize the investigating official access to my personnel file.

Complainant Name: (PRINT) _____

Signature: _____

Date: _____

-----FOR EQUAL EMPLOYMENT OPPORTUNITY OFFICE USE ONLY -----

Investigation findings and recommendations:

Number of Attachments _____

COMPLAINT RESOLUTION DEADLINES

Date of alleged act: _____
Date of complainant discussion with supervisor (10 working days*): _____
Date of response from supervisor (5 working days): _____
Date of formal complaint to Appointing Authority: (5 working days*) _____
Date of response from Appointing Authority (10 working days): _____
Date of formal complaint to the Equal Employment Opportunity Office (5 working days*): _____
Date of report of Equal Employment Opportunity Office (20 working days from receipt): _____
Date of report mailed to complainant/Appointing Authority (20 working days): _____
Date of final decision published (5 working days from report mailed): _____

INVESTIGATING OFFICIAL: I certify that I have investigated the allegations of this complaint. *This complaint WAS / WAS NOT filed in a timely manner.

I FIND / DO NOT FIND reasonable cause to believe that discrimination based on _____ has occurred. Report is attached. This finding has been coordinated with County Counsel.

Investigating Official (PRINT): Signature: Date:

County Counsel Review (PRINT): Signature: Date:

COMPLAINANT ACKNOWLEDGEMENT: I acknowledge that the results of the above investigation has been discussed with me. I accept the findings and recommendations as presented herein, except as noted in my response attached. I have been informed of my rights to file in federal and State offices.

Complainant Name: (PRINT) Signature: Date: