



SAN BERNARDINO COUNTY EQUAL EMPLOYMENT OPPORTUNITY

175 W. 5th Street, San Bernardino, CA 92415 | Phone: (909) 387-5582

COMPLAINT OF DISCRIMINATION/HARASSMENT/RETALIATION

San Bernardino County (County) prohibits discrimination, harassment and retaliation by all persons involved in, or related to the County's business and operations. It is the policy of the County to conduct an objective investigation of all complaints of discrimination, harassment, and retaliation on the basis of a legally protected class in a fair, timely, and thorough manner. You may use this form to document your complaint, however, it is not required. If you have a disability that prevents you from submitting a written complaint, please contact the County's Equal Employment Opportunity (EEO) Office for assistance.

The County Policy Prohibiting Discrimination, Harassment and Retaliation is available on the County EEO webpage at: hr.sbcounty.gov/equal-employment-opportunity

Please complete the following information and submit it to the County's EEO Office: (If more space is needed, include in the *Additional Information* section on page 3 or attach a separate document)

1. CONTACT INFORMATION:

NAME: (First, Middle and Last)

PHONE:

E-MAIL:

ADDRESS:

CITY:

STATE:

ZIP:

2. AFFILIATION TO SAN BERNARDINO COUNTY DEPARTMENT(S), BUSINESS AND ITS OPERATIONS:

ARE YOU A COUNTY EMPLOYEE? YES NO (If no, please proceed to "2a.")

JOB TITLE:

EMPLOYEE ID NUMBER:

DEPARTMENT NAME:

ADDRESS:

CITY:

ZIP:

NAME OF YOUR IMMEDIATE SUPERVISOR:

JOB TITLE OF YOUR IMMEDIATE SUPERVISOR:

2.a. IF YOU ARE NOT A COUNTY EMPLOYEE, PLEASE DESCRIBE HOW YOU ARE OR WERE AFFILIATED WITH THE COUNTY:

3. ALLEGATION(S) OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION:

DATE MOST RECENT OR CONTINUING ACTION TOOK PLACE:

DATE THE FIRST ACTION TOOK PLACE:

DEPARTMENT(S) IN WHICH YOU BELIEVE THE DISCRIMINATION, HARASSMENT AND/OR RETALIATION OCCURRED:

3.a. COMPLETE IF YOU BELIEVE YOU WERE HARASSED AND/OR DISCRIMINATED AGAINST ON THE BASIS OF ONE OR MORE OF THE PROTECTED CLASSES BELOW: (Select all that apply)

| | | |
|---------------------------------|---------------------------|--|
| AGE (40 and Over) | MEDICAL CONDITION | SEXUAL ORIENTATION |
| COLOR | MILITARY & VETERAN STATUS | SEX/GENDER, GENDER IDENTITY, GENDER EXPRESSION, SEX STEREOTYPES, AND TRANSGENDER |
| DISABILITY | NATIONAL ORIGIN/ANCESTRY | ASSOCIATION WITH A PERSON WHO IS, OR IS PERCEIVED TO BE, A MEMBER OF A PROTECTED CLASS |
| FAMILY CARE & MEDICAL LEAVE | RACE | |
| GENETIC INFORMATION | RELIGION | |
| MARITAL/DOMESTIC PARTNER STATUS | SEXUAL HARASSMENT/ASSAULT | |

3.b. COMPLETE IF YOU BELIEVE YOU WERE RETALIATED AGAINST ON THE BASIS OF ONE OR MORE OF THE PROTECTED CLASSES BELOW: (Select all that apply)

| | |
|---------------------------------------|--|
| FILING AN EEO COMPLAINT | REQUESTED OR USED DISABILITY-RELATED ACCOMMODATION |
| OPPOSING DISCRIMINATION/HARASSMENT | REQUESTED OR USED FAMILY CARE & MEDICAL LEAVE |
| PARTICIPATING IN AN EEO INVESTIGATION | REQUESTED OR USED PREGNANCY DISABILITY-RELATED ACCOMMODATION |
| | REQUESTED OR USED RELIGIOUS ACCOMMODATION |

3.c. COMPLETE IF THE ALLEGATION(S) OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION RESULTED IN NON-SELECTION FOR EMPLOYMENT OR PROMOTION:

JOB/PROMOTION APPLIED FOR: _____ DATE: _____

AT WHICH POINT WERE YOU NOT SUCCESSFUL IN THE RECRUITMENT PROCESS? (Please select only one)

APPLICATION EXAMINATION INTERVIEW OTHER (Specify): _____

HOW AND WHEN WERE YOU MADE AWARE OF NON-SELECTION?

3.d. DESCRIBE THE EVENT(S) CAUSING YOU TO BELIEVE THAT YOU WERE DISCRIMINATED, HARASSED, AND/OR RETALIATED AGAINST: (Please include all relevant information; dates, witnesses, and why you believe the act(s) were/are inappropriate)

4. INDIVIDUALS INVOLVED IN, OR WITNESS TO THE ALLEGATION(S) OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION:

4.a. LIST ALL INDIVIDUALS YOU BELIEVE DISCRIMINATED, HARASSED AND/OR RETALIATED AGAINST YOU:

NAME: JOB TITLE: DEPARTMENT: RELATIONSHIP TO YOU: (Supervisor, co-worker, other)

4.b. LIST ALL INDIVIDUALS YOU BELIEVE WITNESSED AND/OR HAVE PERSONAL KNOWLEDGE OF THE ALLEGATION(S) OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION:

NAME: JOB TITLE: DEPARTMENT: PHONE: RELATIONSHIP TO YOU:

5. ADDITIONAL INFORMATION:

**AUTHORIZATION OF INVESTIGATION
AND
RELEASE OF RECORDS FORM**

DATE: _____

I, _____, having alleged harassing, discriminatory, or retaliatory treatment by _____, authorize San Bernardino County Human Resources-Equal Employment Opportunity Office (HR-EEO) to conduct an investigation and release to the HR-EEO and its agents, all County personnel, payroll, medical and other records pertaining to me, for HR-EEO inspection, recording, and photocopying.

By signing and submitting this form, I declare under penalty of perjury that the foregoing is true, correct, and complete to the best of my knowledge and am also establishing consent and release of the above information for the purposes of an investigation. Additionally, I understand that if I knowingly provide false or fraudulent information in a complaint, I may be subject to disciplinary action.

COMPLAINANT SIGNATURE:

DATE:

In the course of the County's investigation, it may become necessary to disclose your identity and/or complaint. Should such disclosure become necessary, it will only be to persons who have a need to know your identity or the details and nature of the complaint. Confidentiality will be preserved to the extent possible.

You should be aware that individuals who believe they have been discriminated against or harassed, have been retaliated against for resisting or complaining about discrimination or harassment, or for participating in an investigation may also file a complaint with the Federal Equal Employment Opportunity Commission (EEOC) and the California Civil Rights Department (CRD). The EEOC and CRD investigate and prosecute complaints of prohibited discrimination, harassment, and retaliation in employment. The nearest EEOC office can be found by calling 1-800-669-4000 (or, TTY, 1-800-669-6820). For more information about the EEOC, visit www.eeoc.gov. The nearest CRD office can be found by calling 1-800-884-1684 (or, TTY, 1-800-700-2320). For more information about the CRD, visit www.calcivilrights.ca.gov.