



INTERNAL DISCRIMINATION COMPLAINT FORM

INSTRUCTIONS

This information is being given to help you decide whether to file a complaint with the Equal Employment Investigations Office (EEIO). **It is not meant to discourage you from reporting alleged illegal discrimination or violations of City of San Diego EEO policy¹.** If you have questions or need assistance with this form, please call the City's EEIO at (619) 236-7133. If you are submitting a hard copy of this form, please print, sign, and forward to EEIO at EEIO@sandiego.gov or Mail Station 51P.

We can only take charges of illegal discrimination or violations of the City's Equal Employment Opportunity (EEO) Policy. This means that the unfair treatment you claim to have received must have happened because of one or more of the reasons (protected classifications) listed below:

1. Your Race, Ancestry, National Origin, or Color
2. Your Sex (including sex stereotype)
3. Your Sexual Orientation
4. Your Gender Identity/Expression
5. Your Transgender Status/Transitioning
6. Your Marital Status
7. Your Creed
8. Your Religion (Religious Beliefs/Observance/Creed)
9. Your Age
10. Your Disability or Medical Condition
11. Your Pregnancy
12. Your Genetic Information
13. Your Veteran or Military status
14. Your Use of Family or Medical Leave (FMLA, CFRA, other protected leave)
15. Retaliation because you opposed an act violating the City's EEO Policy, EEO Law, or because you participated in any way in an EEO investigation or associated with someone protected by one of the EEO laws enforced by City's EEIO or the State and Federal Compliance Agencies.
16. Other classifications protected under local, State or Federal law, including being perceived, regarded as, or associated with any protected classification.

Proving discrimination requires meeting certain standards of proof. Therefore, we need from you an explanation of why you believe the issue is due to one or more of the reasons listed above. When we investigate your charge, we need either direct evidence (such as verbal or physical harassment which happened in front of witnesses, or copies of discriminatory documents, photos, etc.) or we need to find evidence that you were treated differently in comparison to individuals not of your race, sex or other basis you identified as the reason for the unfair treatment or discrimination you allegedly experienced.

Equal Employment Investigations Office
1200 Third Avenue, Suite 1501, San Diego, CA 92101 • (619) 236-7133

¹ Ref. City of San Diego Equal Employment Opportunity (EEO) Policy Annual Statement; Personnel Regulations Index Code K-2; Administrative Regulation 96.50



Name _____ Phone # _____
 Address _____ City, Zip _____
 Employee PERNR # _____ Sex _____ Race _____

EMPLOYMENT INFORMATION (City of San Diego):

Classification (Job) _____ Work Location _____ Phone # _____
 Supervisor's Name/Title _____ Phone # _____

I ALLEGE THAT I EXPERIENCED: Discrimination Harassment Sexual Harassment Retaliation

BASIS OF COMPLAINT (actual or perceived protected class):

- National Origin Disability Race Pregnancy Gender Sexual Orientation
 Gender Identity Religion Age Transgender status/transitioning

Other (Please Specify) _____

I BELIEVE I WAS UNFAIRLY (check only those that apply):

Terminated:

- Fired
 Laid Off
 Forced to Resign

Denied:

- Employment
 Promotion
 Transfer
 Reinstatement
 Reasonable Accommodation

Treated Differently:

- Harassed (based on protected class)
 Unequal Pay
 Demoted
 Pregnancy
 Discipline

Other (Please Specify) _____

REPORTING: Have you reported this matter to a supervisor, union representative, the Human Resources Department, etc.? If yes, when and to whom did you report it? (List name, title, date):

COMPLAINT FILED AGAINST:

Name _____ Phone # _____
 Classification (Job) _____ Department _____
 Name _____ Phone # _____
 Classification (Job) _____ Department _____

PROSPECTIVE WITNESSES:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

