



THE CITY OF SAN DIEGO

## INTERNAL DISCRIMINATION COMPLAINT

### INSTRUCTIONS

This information is being given to help you decide whether or not your employment problem should be handled by the Equal Employment Investigations Office or Departmental liaison. IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT. If you have difficulty understanding these instructions or need special assistance, please call 236-7133 and ask to speak with one of the investigators in the City's EEO Office. Please print, sign, and forward this form to the Equal Employment Investigations Office at [EEIO@sandiego.gov](mailto:EEIO@sandiego.gov) or Mail Station 51P.

Sometimes employment practices are unfair, but not illegal. We can only take charges of illegal discrimination. This means that the unfair treatment you claim to have received must have happened because of one or more of the reasons below:

1. Your Race
2. Your Sex
3. Your National Origin or Ancestry
4. Your Religious Beliefs
5. Your Age (if you are over age 40)
6. Your Disability
7. Your Pregnancy
8. Retaliation because you opposed an act violating one of the EEO laws 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 EEO office or the State and Federal Compliance Agencies.

Proving discrimination requires meeting certain legal standards of proof. Therefore, we need from you, an explanation why you believe the unfair treatment you received was 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 papers, photos, posters, 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 above as the reason for the unfair treatment you received.

For example, if you are African-American and were fired for being absent too often, to meet the legal standard for proving discrimination, we need to find that non-African-Americans with absentee problems were treated differently.

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

**CITY OF SAN DIEGO  
INTERNAL DISCRIMINATION COMPLAINT FORM**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City, Zip \_\_\_\_\_  
Employee ID # \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

**EMPLOYMENT INFORMATION (City of San Diego)**

Classification \_\_\_\_\_ Work Location \_\_\_\_\_ Phone # \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Phone # \_\_\_\_\_

**BASIS OF COMPLAINT**

- Sexual Harassment  National Origin  Disability  Race  Gender   
Sexual Orientation  Retaliation  Religion  Age  Other

I believe I was discriminated against by being (check only those that apply):

Terminated:

- Fired  
 Laid Off  
 Forced to Quit  
 Resigned

Refused:

- Employment  
 Promotion  
 Transfer  
 Reinstatement

Treated Differently:

- Harassed  
 Unequal Pay  
 Demoted  
 Maternity Leave  
 Discipline  
 Accommodation

Other (Please Specify) \_\_\_\_\_

**COMPLAINT FILED AGAINST**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Classification \_\_\_\_\_ Department \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Classification \_\_\_\_\_ Department \_\_\_\_\_

**PROSPECTIVE WITNESSES**

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

**NATURE OF COMPLAINT:** Please state the nature of your discrimination complaint. Be specific. If more space is needed, you may attach additional pages. The facts stated should include the date, time, place, witnesses, individual(s) involved, circumstances surrounding the complaint, and additional pertinent information. This information is necessary in order to fully investigate and conclude your complaint.

What reasons were given for actions taken against you?

State the specific reasons you believe the action taken against you was the result of discrimination.

Indicate any direct evidence (statements or documents) which would help prove what you are saying.

List the names, job titles of those persons who were treated the same, more favorably, or less favorably than you.

**REMEDY REQUESTED**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FULLY UNDERSTAND THAT I HAVE THE RIGHT TO FILE THIS COMPLAINT WITH THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION AND/OR THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING, AND I AM NOT REQUIRED TO PARTICIPATE IN THE INTERNAL DISCRIMINATION COMPLAINT PROCESS PRIOR TO FILING WITH AN OUTSIDE AGENCY.

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Complainant's Signature

Date

Revised (01/21)