

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 policy**¹. 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



AddressSex_Sex	City, Zip Race
	Race
EMDI OVMENT INFORMATION (City of San Diago).	
EMPLOIMENT INFORMATION (City of Sall Diego).	
Classification (Job) Work Location	Phone #
Supervisor's Name/Title	Phone #
I ALLEGE THAT I EXPERIENCED : □ Discrimination □ Hara	assment 🗆 Sexual Harassment 🗆 Retaliation
BASIS OF COMPLAINT (actual or perceived protected class):	
□ National Origin □ Disability □ Race □ Pregnancy	□ Gender □ Sexual Orientation
□ Gender Identity □ Religion □ Age □ Transgende	er status/transitioning
Other (Please Specify)	
I BELIEVE I WAS UNFAIRLY (check only those that apply):	
Terminated:Denied:FiredEmploymentLaid OffPromotionForced to ResignTransferReinstatementReasonable AccommodatioOther (Please Specify)	1
<u>REPORTING</u> : Have you reported this matter to a supervisor, uni Department, etc.? If yes, when and to whom did you report it? ()	
COMPLAINT FILED AGAINST: Name	Phone #
Classification (Job)	Department
Name	Phone #
Classification (Job)	Department
PROSPECTIVE WITNESSES:	
<u>Name</u> <u>Address</u>	<u>ss</u> <u>Telephone #</u>

<u>NATURE OF COMPLAINT</u>: Please state the nature of your discrimination complaint. <u>Be specific</u>. 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 your complaint.

1) What reasons were given for the actions taken against you?

2) State the specific reasons you believe the actions taken against you were the result of discrimination.

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

4) List the names and classifications (job titles) of those persons who were treated 1) the same, 2) more favorably, or 3) less favorably than you. For each individual listed, identify which applies (1, 2, or 3), and why.

5) <u>REMEDY REQUESTED (OPTIONAL). What solutions or corrective actions would you recommend?</u>

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 U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION AND/OR THE CALIFORNIA 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.

Complainant's Signature	Date
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