

Date Copy to County Counsel _____
 Date Copy to Dept. Head _____
 Date Closing Letter Sent _____

FRESNO COUNTY DISCRIMINATION COMPLAINT FORM (For Use by Applicant/Employee)

 Labor Relations Date Stamp

INSTRUCTIONS

If you have a complaint, fill in this form and submit it to the Department of Human Resources, Labor Relations Division, 2220 Tulare Street, 16th Floor, Fresno, California, 93721. This complaint must be filed within thirty (30) calendar days after the alleged discriminatory act took place. A copy of this complaint will be sent to the department against which this charge has been filed and forwarded to County Counsel, the designee of the County Administrative Officer.

PERSONAL INFORMATION

Name _____ Phone _____
(home) (message)

Address _____

Are you currently a County employee? Yes No

If yes, what department? _____ Job Classification _____

NATURE OF COMPLAINT

1. On what basis do you feel you have been discriminated against?
 Race Color Age (40 or Older) Sex/Gender Religion Ancestry National Origin
 Medical Condition Pregnancy Marital Status Disability Sexual Orientation
 Veteran/Military Status Genetic Information
 Other _____
2. What type of employment harm or adverse action are you alleging? (Please mark all that apply)
 Rejection on Probation Denial of Promotion Wages Demotion Suspension Retaliation
 Sexual Harassment Failure to Accommodate Hostile Work Environment
3. Date of alleged discriminatory act(s). _____
4. State the specifics of what occurred that lead you to believe you have been discriminated against. (Use additional paper if necessary. Submit any documentation you have to substantiate your allegations.)

5. Name(s) and phone number(s) of individual(s) who are willing to testify on your behalf.

(Name)	(Phone)	(Name)	(Phone)
(Name)	(Phone)	(Name)	(Phone)

ACTION REQUESTED

What remedy do you request for the alleged discrimination? (Use additional paper if necessary)

I hereby certify that the information furnished in this complaint is true to the best of my knowledge, information and belief.

(Signature) (Date)

Distribution: Original – Fresno County Labor Relations Copies – County Counsel and Affected Department(s)