

**FRESNO COUNTY DSS
DISCRIMINATION COMPLAINT FORM
(For Use by Employee)**

INSTRUCTIONS

If you have a complaint, fill in this form and submit it to the Fresno County Department of Social Services, Attn: Civil Rights Coordinator, Building 2, Stop 109, or email the completed form to DSSPersonnel@fresnocountyca.gov. **This complaint must be filed within thirty (30) calendar days after the alleged discriminatory act took place.**

PERSONAL INFORMATION

Name _____ Phone _____
(home) (message)

Are you currently a DSS employee? Yes No

If yes, what 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 Marital Status Disability Sexual Orientation Domestic Partnership
 Veteran/Military Status Genetic Information Political Affiliation Ethnic Group Identification
 Gender Identity Gender Expression Request/Use of Protected Leave

2. What type of employment harm or adverse action are you alleging? (Please mark all that apply)

- Rejection on Probation Denial of Promotion Wage Theft Demotion Suspension
 Sexual Harassment Failure to Accommodate Hostile Work Environment Harassment
 Denial of Protected Leave Retaliation

3. Date(s) of alleged discriminatory act(s). _____

4. State the specifics of what occurred that lead you to believe you have been discriminated against, including the name(s) of the person(s) involved. (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 – Civil Rights Coordinator, Building 2, Stop 109
Copies – Employee