

Discrimination, Harassment & Retaliation Complaints Against the City



Complainant Information

Complainant's Name Required

Phone number Required

XXX-XXX-XXXX

Street Address Required

City Required

State Required

Zip Code Required

Email: A copy of the information submitted in this form will be sent to this email address. Required

Additional Contact Information (Optional)

Name of person who knows where and how to contact you:

Street Address

City

State

Zip Code

Phone Number

xxx-xxx-xxxx

Complaint Against

Name of person or persons

Required

Title, if known

Contact person's name, if other than above:

Phone

xxx-xxx-xxxx

Complaint Information

Street address where incident took place Required

City Required

State Required

Zip Code Required

Basis for complaint, check all that apply (you must select at least one) (Select 1 or more options)

Required

- ☐ Age
- ☐ Color
- ☐ Disability
- ☐ Family Status
- ☐ Gender Identity
- ☐ National Origin
- ☐ Race
- ☐ Religion
- ☐ Sex
- ☐ Sexual Orientation
- ☐ Veteran Status

Date of incident

M	M	D	D	Y	Y	Y	Y
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Please explain, as clearly as possible, what occurred, who was involved, why you believe it occurred and how you were discriminated against. Be sure to include how other persons were treated differently than you.

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Have you filed, or intend to file a complaint with another agency? If so please identify agency (Select 1 or more options)

- ☐ Equal Employment Opportunity Commission
- ☐ California Department of Fair Employment and Housing

Have you discussed the complaint with any city representative? (Select 1 option)

- ☐ Yes
- ☐ No

Complete this field if you selected 'Yes' in *Complaint Information: Have you discussed the complaint with any city representative?*

If yes, name of representative

Complete this field if you selected 'Yes' in *Complaint Information: Have you discussed the complaint with any city representative?*

If yes, date of discussion(s)

Have you filed a Police Report? (Select 1 option)

☐ Yes

☐ No

Complete this field if you selected 'Yes' in *Complaint Information: Have you filed a Police Report?*

If yes, report number

Information in this Complaint Form will be kept confidential to the extent possible.

Submit Complaint & Confirmation

I swear or affirm that all of the information contained in the complaint is true to the best of my knowledge and information.*

End of form