



County of Santa Barbara
EQUAL EMPLOYMENT OPPORTUNITY OFFICE
 105 East Anapamu Street, Room 104, Santa Barbara, CA 93101
 (805) 568-3410, Fax (805) 568-3426
www.countyofsb.org/eeo

CONFIDENTIAL EEO COMPLAINT FORM

INSTRUCTIONS: Complete and sign this form if you have a complaint regarding employment discrimination, harassment and retaliation by a County department, employee, contractor or agent.

1. TODAY'S DATE:		2. I AM A/AN:	
		<input type="checkbox"/> COUNTY EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE <input type="checkbox"/> APPLICANT <input type="checkbox"/> VOLUNTEER/INTERN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CLIENT <input type="checkbox"/> OTHER: _____	
3. FIRST NAME:		4. LAST NAME:	
5. MAILING ADDRESS:		6. CITY:	
7. STATE:	8. ZIP:	9. EMAIL ADDRESS (WORK OR PERSONAL):	
10. HOME PHONE:	11. CELL PHONE:	12. WORK PHONE:	
()	()	()	
13. I prefer to be contacted at: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> WORK EMAIL <input type="checkbox"/> PERSONAL EMAIL			
FOR COUNTY EMPLOYEES ONLY:			
14. Your Date of Hire:			
15. Your Department:			
16. Your Division:			
17. Your Job Class:			
18. Your Bargaining Unit:			
19. Your Supervisor:			
20. Work Site:	<input type="checkbox"/> Santa Maria <input type="checkbox"/> Lompoc <input type="checkbox"/> Orcutt <input type="checkbox"/> Santa Barbara <input type="checkbox"/> Goleta <input type="checkbox"/> Santa Ynez Valley		
21. Are you currently working for the department listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what was the date you last worked? _____			

FOR ALL COMPLAINANTS TO COMPLETE:

22. I was DISCRIMINATED AGAINST/HARASSED on the basis of my (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Age (40 +) | <input type="checkbox"/> Religion | <input type="checkbox"/> Cancer/Genetic Characteristics |
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability (incl. HIV/AIDS) | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Veteran/Veteran Disabled | <input type="checkbox"/> Sex (incl. Pregnancy & Gender) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Need for Family/Medical Leave | |

23. I was RETALIATED AGAINST for engaging in the following legally-protected activity/ies:

24. I was DENIED REASONABLE ACCOMMODATION for the following disability (describe disability):

25. The discrimination, harassment, retaliation or denial of reasonable accommodation has negatively affected my employment with the County in the following ways:

- | | | |
|---|--|--|
| <input type="checkbox"/> Not Hired | <input type="checkbox"/> Denied Leave or Vacation | <input type="checkbox"/> Lost Seniority |
| <input type="checkbox"/> Discharged | <input type="checkbox"/> Denied Transfer | <input type="checkbox"/> Improper Job Assignment |
| <input type="checkbox"/> Laid Off | <input type="checkbox"/> Transferred | <input type="checkbox"/> Assault/Battery |
| <input type="checkbox"/> Denied Reinstatement or Recall | <input type="checkbox"/> Reprimanded | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Demoted | <input type="checkbox"/> Given Poor Performance Evaluation | <hr/> |
| <input type="checkbox"/> Denied Promotion | <input type="checkbox"/> Suspended | <hr/> |
| <input type="checkbox"/> Denied Training | <input type="checkbox"/> Lost Compensation or Benefits | <hr/> |

26. Please provide the name, job title and department of each person who engaged in or was otherwise responsible for the discrimination, harassment, retaliation or denial of reasonable accommodation:

27. Describe what happened in as much detail as possible. (Attach additional pages as needed.)

28. What corrective action(s) are you seeking, if any?

29. I certify that the above information is true and correct to the best of my knowledge.

PRINT FULL NAME	
SIGNATURE	DATE

DEFINITIONS AND INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

1. **TODAY'S DATE:** Please mark the date that you are completing this form.
2. **I AM A/AN:** Please select the category that best describes your position.
 - a. COUNTY EMPLOYEE, FORMER EMPLOYEE, APPLICANT, VOLUNTEER/INTERN, CONTRACTOR, CLIENT, OTHER
- 3-4. **FIRST/LAST NAME:** Please enter your full, legal name.
- 5-8. **MAILING ADDRESS/CITY/ST/ZIP:** Please enter your full mailing address, including any box or apartment numbers.
9. **EMAIL ADDRESS:** Please provide any email addresses in which we may contact you.
- 10-12. **HOME/CELL/WORK PHONE:** Please list all your current phone numbers.
13. **I prefer to be contacted at:** Please designate the method by which you prefer to be contacted by the EEO Office.

FOR COUNTY EMPLOYEES ONLY:

14. **Your Date of Hire:** Please list your original date of hire.
- 15-16. **Your Department/Division:** Please list the department and division you currently work in.
- 17-18. **Your Job Class/ Bargaining Unit:** Please list your current job class and bargaining unit.
19. **Your Supervisor:** Please list the name of your direct supervisor.
20. **Work Site:** Please list your main assigned work site. If you work at multiple sites, mark all that apply.
21. **Are you currently working for the department listed above?** Please mark yes if you are a current employee. If not, please indicate your last day worked.

FOR ALL COMPLAINANTS TO COMPLETE:

22. **I was DISCRIMINATED AGAINST/HARASSED on the basis of my (check all that apply):** Place a check in each box of one or more of the bases shown in this section that relate to your complaint.
 - a. Age: 40 years or older
 - b. Race: Any race that applies to you.
 - c. Color: Any color that applies to you.
 - d. National Origin: Any nationality that applies to you.
 - e. Ancestry: Any ancestry that applies to you.
 - f. Religion: Any sincere religious belief, including atheism, that applies to you.
 - g. Marital Status: Married or Single.
 - h. Disability: Physical or Mental Disabilities covered by the ADA. Also includes HIV/AIDS under FEHA.
 - i. Veteran/Veteran Disabled: Anyone who is identified in this class by the Vietnam Veteran's Act of 1974.
 - j. Need for Family/Medical Leave
 - k. Cancer, Genetic characteristics
 - l. Political Affiliation: Union-related activity or association.
 - m. Sexual Orientation: Heterosexual, Homosexual, Bisexual or Transgender.
 - n. Sex: (including Pregnancy & Gender): Male or Female; Pregnancy discrimination claims included.
23. **I was RETALIATED AGAINST for engaging in the following legally-protected activity/ies:** Please list all of the protected activities that apply to your complaint.
24. **I was DENIED REASONABLE ACCOMODATION for the following disability:** Please describe your disability.
25. **The discrimination, harassment, retaliation or denial of reasonable accommodation has negatively affected my employment with the County in the following ways:** Place a check in each box of one or more of the affects shown in this section that relate to your complaint.

a. Not Hired	g. Denied Training	n. Lost Compensation or Benefits
b. Discharged	h. Denied Leave or Vacation	o. Lost Seniority
c. Laid Off	i. Denied Transfer	p. Improper Job Assignment
d. Denied Reinstatement or Recall	j. Transferred	q. Assault/Battery
e. Demoted	k. Reprimanded	r. Other (<i>specify</i>)
f. Denied Promotion	l. Given Poor Performance Evaluation	
	m. Suspended	
26. **Please provide the name, job title and department of each person who engaged in or was otherwise responsible for the discrimination, harassment, retaliation or denial of reasonable accommodation.**
27. **Describe what happened in as much detail as possible. (Attach additional pages as needed)**
Describe as much as you can in chronological order. Please include names and telephone numbers of witnesses, dates, times, places and the specific act(s) of discrimination. Attach extra sheets, if necessary.
28. **What corrective action(s) are you seeking, if any?** Please be very specific (i.e., back pay, front pay, removal of negative material from the personnel jacket, reconsideration for the job, cease and desist harassment, re-evaluation of performance, etc.).
29. **I certify that the above information is true and correct to the best of my knowledge.**
Please print and sign your name. Date the form upon completion.

If you have any questions on the completion of this form, please contact the County EEO Office directly.