

SUTTER COUNTY DISCRIMINATION COMPLAINT FORM

Complainant's Name <i>(Please Print)</i>		Title
Department		Classification
Home Address <i>(Street No.)</i>		Telephone numbers
City	Zip Code	Work: () Home: ()
Ethnicity	Sex <i>(Gender)</i> <input type="checkbox"/> Female <input type="checkbox"/> Male	Age <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40
Immediate Supervisor/Title		Second Line Supervisor/Title
Name of Person(s) Charged with Discriminatory Practices		Date(s) Action(s) Took Place

Discrimination Based On:

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Political Affiliation or Opinion | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Denial of Family/Medical Leave |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Retaliation (Reprisal) | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex (Gender) | <input type="checkbox"/> Other <i>(Specify)</i> | |

State specific incidents of discriminatory treatment *(Continue on second page, if necessary)*

Remedy Requested:

I wish to file an EEO discrimination complaint as stated above. I authorize investigation of my complaint and the revealing of my identity only as needed to employees and/or my supervisor(s) in the investigation of my complaint. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my own knowledge.

Complainant's Signature:

Date:

