



**Affiliation with the County of Monterey** (Check most appropriate box and provide requested information)

Employee      Job Title/Position  
                    Department/Division  
                    Supervisor Name  
                    Supervisor Title

Applicant      Position Applied for:

Volunteer      Department

Vendor/Contract Worker

Service Recipient / Constituent / Resident

**Basis of Alleged Discrimination / Harassment**

*Check the category(ies) you believe to be the basis of the discrimination/harassment against you. If you believe more than one basis is involved, check all appropriate categories.*

Age (40 years or older)

Ancestry

Color

Denial of Family and Medical Care Leave (including: bonding with a newborn, adopted child, or foster child; or caring for an employee's own, or an immediate family member's serious health condition)

Disability (mental and physical) including HIV and AIDS

Gender identity and Gender Expression

Gender

Genetic Information

Marital Status

Medical condition (cancer and genetic characteristics)

Military and Veteran status

National origin (including language use restrictions)

Race

Religious creed (including religious dress and grooming practices)

Retaliation

Sex (including pregnancy, child birth, breastfeeding, and medical conditions related to pregnancy, child birth, or breastfeeding)

Sexual Harassment

    Hostile environment

    Quid pro quo

Sexual Orientation

Other (specify)

**Information Regarding the Person(s) Responsible for the Alleged Discrimination**

*(Use an additional page for providing information for any additional parties responsible for the alleged discrimination)*

Person 1

Name: Title:  
Department: Telephone:  
Address:  
Date of first occurrence:  
Date of most recent occurrence:

Person 2

Name: Title:  
Department: Telephone:  
Address:  
Date of first occurrence:  
Date of most recent occurrence:

**Details Regarding Incident(s)**

*Please explain how you were discriminated against, harassed, or denied reasonable accommodation related to your disability or medical condition.*

Have you previously reported this information?

No

Yes *If yes, provide to whom you reported the information below*

Name of Agency/Office/Individual:

Date reported:

Describe any known results below:

**Complaint Resolution**

What would you like the County to do in response to your complaint? What do you see as the ideal remedy or resolution to your complaint?

**Complainant’s Representative Information**

Do you have an attorney who has agreed to represent you in this matter?

No

Yes *If yes*, please provide your attorney’s information below

Name of Attorney:

Firm Name:

Firm Address:

City:

State:

Zip:

Telephone:

E-mail Address:

**Confidentiality Statement**

The County of Monterey cannot guarantee that complaints will remain confidential after an investigation has commenced because records may be subject to subpoena, and may be discoverable, or may be voluntarily disclosed by the County if a complaint results in litigation. Under certain circumstances, records may be subject to subpoena by the Equal Employment Opportunity Commission, a federal agency, and the California Department of Fair Employment and Housing. However, our office will make all reasonable efforts to maintain the confidentiality of complaints and related records, to the extent allowable by law.

**Complainant’s Rights**

I am aware that I may file this charge with the Equal Employment Opportunity Commission or Department of Fair Employment and Housing or other applicable state and federal agencies. I am aware that these agencies each have a statute of limitation requirement and it is my responsibility to comply with the rules, regulations, and filing timelines of each such agency.

**I declare all information provided is true and correct to the best of my knowledge and recollection.**

\_\_\_\_\_  
*Complainant’s Signature*

\_\_\_\_\_  
*Date*

**Demographic Information**

*The information below is optional and will be used only for statistical purposes*

Primary Language:

Age:

Gender:      Female      Male      Other

**Ethnic Category**

**WHITE**

*(not of Hispanic origin; all persons having origins in any of the original peoples of Europe, North Africa or the Middle East)*

**AFRICAN AMERICAN**

*(not of Hispanic origin; all persons having origins in any of the black racial groups of Africa)*

**HISPANIC**

*(All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)*

**ASIAN OR PACIFIC ISLANDER**

*All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, Pacific Islands. For example, this area includes China, India, Japan, Korea, the Philippine Islands, and Samoa*

**AMERICAN INDIAN OR ALASKAN NATIVE**

*All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.*

**Disability(ies)** *(Check all applicable)*

- |                                |                         |
|--------------------------------|-------------------------|
| AIDS or HIV                    | Limbs (Arms/Legs)       |
| Blood/Circulation              | Mental                  |
| Brain/Nerves/Muscles           | Sight                   |
| Digestive/Urinary/Reproduction | Speech/Respiration      |
| Hearing                        | Spinal/Back/Respiration |
| Heart                          | Other Disability        |