

**COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

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ATTACHMENT B

**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92502-1569
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711**

DISCRIMINATION / HARASSMENT / RETALIATION COMPLAINT FORM
(Attach additional pages to this form as necessary)

I. GENERAL INFORMATION

Last Name _____ First Name _____ MI _____

Title _____ Department _____

Home Address _____ City _____

State _____ Zip Code _____ Preferred Email _____

Home Phone _____ Work Phone _____ Cell _____

Preferred Contact Number: (Check all that apply) Home Work Cell

What is your relationship with the County of Riverside? _____

Current Employee Former Employee If former employee, last date of employment: _____

Applicant for Employment Other Specify: _____

II. COMPLAINT INFORMATION

Indicate the type(s) of complaint being filed: Discrimination Harassment Retaliation

For Discrimination or Harassment complaint, indicate the protected class(es) you belong to that serve(s) as the basis(es) of the allegation: (Select all that apply)

Religious creed Race/Color National origin/Ancestry

Age Disability Genetic information

Sex Medical leave Medical condition

Gender Marital status Sexual orientation

Military/Veteran Status Victim of domestic violence/sexual assault/stalking

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Retaliation for protesting illegal discrimination and/or harassment related to protected class(es)

Other Specify: _____

For Retaliation complaint, indicate the activity you engaged in that served as the basis for the allegation.

Identify the Accused against whom this complaint is made.

Name of Accused:	Title of Accused:	Relationship to you:

Describe the incident(s), including dates, times and locations giving rise to your complaint.

For Harassment or Sexual Harassment complaint, please explain why the conduct was offensive to you.

Describe the specific harm you have suffered resulting from the incident(s).

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III. WITNESSES

Identify individuals who may have witnessed or have knowledge of the incident(s). Attach additional names as necessary.

Last Name _____	First Name _____
Telephone _____	Email _____
Relationship to you _____	

Last Name _____	First Name _____
Telephone _____	Email _____
Relationship to you _____	

Last Name _____	First Name _____
Telephone _____	Email _____
Relationship to you _____	

Last Name _____	First Name _____
Telephone _____	Email _____
Relationship to you _____	

Last Name _____	First Name _____
Telephone _____	Email _____
Relationship to you _____	

Last Name _____	First Name _____
Telephone _____	Email _____
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Last Name _____	First Name _____
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IV. ATTEMPTED RESOLUTION

Was an Informal Resolution sought?

No Yes If yes, with whom? _____ Date _____

What was the outcome? _____

Have you filed a grievance regarding this matter? No Yes

If yes, date grievance was filed _____ Organization _____

Labor Representative _____

Do you have an attorney? No Yes

If represented by an attorney, please provide name, address and telephone number of attorney:

Have you filed a complaint relative to this matter with any other agency? No Yes

If yes, please check the appropriate box(es):

EEOC Date filed _____

DFEH Date filed _____

DIR Date filed _____

V. DOCUMENTATION

Do you have any documents that support your complaint? No Yes

If yes, please list and attach relevant copies with this Complaint:

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VI. EXPECTED OUTCOME

What outcome(s) do you expect from filing your complaint? Be as specific as possible.

AUTHORIZATION

**I certify that the information given in this complaint is true and correct to the best of my
knowledge/belief.**

Print Name of Complainant _____ **Date** _____

Signature of Complainant _____

EMPLOYEE RELATIONS ONLY:

Received by _____ Date _____