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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **COUNTY OF ORANGE**  **EQUAL EMPLOYMENT OPPORTUNITY ACCESS OFFICE**  400 West Civic Center Drive 2nd Floor  Santa Ana, CA 92701 | Logo  Description automatically generated | | **EEO Complaint Form** | | | | **INSTRUCTIONS:**  - Complete sections A-D on this form.  - As you are completing the sections, it is recommended to save the form periodically by going to **File > Save**.  - Email your saved form to [eeo.support@ocgov.com](mailto:eeo.support@ocgov.com).  For any questions related to this form, please contact [eeo.support@ocgov.com](mailto:eeo.support@ocgov.com) or (714) 834-7511.  Individuals can also call the Compliance Line to report EEO-related matters at (855)-387-4432. The Compliance Line is a third-party hotline run by live operators 24 hours a day, 7 days a week. This reporting hotline gives callers the opportunity to voice concerns regarding potential EEO-related matters. Callers have the option to remain anonymous when calling in.  **This form is not to be used for complaints regarding abusive conduct or bullying that do not include a protected category and should be directed to your department’s HRS Manager or to HRS@ocgov.com** | | **SECTION A - COMPLAINANT** | | |  |  |  | | --- | --- | --- | | **First Name** | **Middle Name** | **Last Name** | |  |  |  |  |  |  |  | | --- | --- | --- | | **Work Location Street** | **Work Location City** | **Work Location Zip Code** | |  |  |  |  |  |  |  | | --- | --- | --- | | **Work Phone #** | **Home Phone #** | **Preferred Email Address** | |  |  |  |      |  |  | | --- | --- | | **I prefer to be contacted by phone at:** | | | **Work** | **Home** | |  |  |  |  |  | | --- | --- | --- | --- | | **I am a current County of Orange Employee:** | | | | | **No** | **Yes** |  | | |  | **↓** | |  | |  | |  | | --- | | **Class Title** | | | **Agency/Department ↓** | |  |  | | Select | |  |  | | |  |  |  |  | | --- | --- | --- | | **I am filing this complaint related to the conduct of the following individuals(s):** | | | |  |  |  | |  | |  | | --- | | **Full Name** | | **Agency/Department ↓** | |  |  | Select | |  |  |  | |  | **Class Title** |  | |  |  |  | |  |  |  | |  |  |  | |  | |  | | --- | | **Full Name** | | **Agency/Department ↓** | |  |  | Select | |  |  |  | |  | **Class Title** |  | |  |  |  |   If additional space is needed, please attach a word document, or provide information by email to eeo.support@ocgov.com | | **SECTION B - TYPE & BASIS OF COMPLAINT** | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1) On what basis do you feel you were discriminated, harassed, or retaliated against?**  **Please check only those protected categories that apply:** | | | | | | | | | | Race, Color | | Sex, Gender (including pregnancy, childbirth, breastfeeding, or related medical conditions) | | Marital Status | | | | | Ancestry, National Origin | | Sexual Orientation | | Military or Veteran Status | | | | | Religion, Creed | | Medical Condition | | | Disability, Mental and  Physical | | | Age (40 and over) | | Genetic Information | | | Gender Identity, Gender  Expression | | | Retaliation based on participation in a protected activity | | | | | | | | | | **2) How do you feel you were discriminated, harassed, or retaliated against? Please be specific in describing**  **the action you believe was taken against you. What happened?** | | | | | | | | | |  | | | | | | | | | | Maximum 250 characters If additional space is needed, please attach a word document, or provide information by email to eeo.support@ocgov.com | | | | | | | | | | **3) Please provide date or dates that the action(s) took place** | | | | | |  | | | |  | | | | | | | | | |  |  | |  | | | | | | | **4) What reasons (if any) were given to you by County personnel for the action taken?** | | | | | | | | | |  | | | | | | | | | | Maximum 250 characters If additional space is needed, please attach a word document, or provide information by email to eeo.support@ocgov.com | | | | | | | | |      |  |  |  | | --- | --- | --- | | **5) What information do you have to indicate that the action you described above was based on your membership or perceived membership in a protected category (refer to question 1)? Please be as specific as possible and include all pertinent dates, names, and incidents involving or related to the alleged discrimination, harassment, and/or retaliation.** | | | |  | | | | Maximum 250 characters If additional space is needed, please attach a word document, or provide information by email to eeo.support@ocgov.com | | | | **6) List names, job title and phone number (if possible) of witnesses you feel can provide evidence.** | | | | **Full Name** | **Job Title** | **Phone #** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **7) What resolution are you requesting from the County?** | | | |  | | | | Maximum 250 characters If additional space is needed, please attach a word document, or provide information by email to eeo.support@ocgov.com | | | |  | | | | **8) Additional comments/concerns:** | | | |  | | | | Maximum 250 characters If additional space is needed, please attach a word document, or provide information by email to eeo.support@ocgov.com | | | | | **SECTION C - FOR COUNTY EMPLOYEES ONLY** | | |  | | --- | | **9) If County employee, have you filed a grievance regarding this matter?** | | |  |  |  |  | | --- | --- | --- | --- | | **No** | **Yes** **↓** |  | | |  | |  | | --- | | **Date grievance was filed** | | |  | |  | Click or tap to enter a date. | |  | |  |  | | | | | **10) Are you being represented by a labor organization?** | | |  |  |  |  | | --- | --- | --- | --- | | **No** | **Yes** **↓** |  | | |  | |  | | --- | | **Full Name of Representative** | | |  | | |  |  | | | | |  |  | |  | | |  | **Union ↓** | |  | | |  | Select | | | | |  |  | |  | | | | **11) Do you have an attorney?** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No** | **Yes** **↓** |  | | | | |  | Please provide name, address and telephone number | | | | | | | |  | |  | | --- | | **Full Name of Representative** | | | | | |  | | --- | | **Phone #** | | | | |  |  | | | |  | | | |  |  | | | |  | | | |  | |  | | --- | | **Street** | | | |  | | --- | | **City** | | | | | |  |  | |  | | | | |  |  | |  | | | | |  | |  | | --- | | **Zip Code** | | | | |  |  | | | |  |  | |  | | | | | | |
| |  | | --- | | **SECTION D - ACKNOWLEDGEMENT** | | |  |  | | --- | --- | | **Read Before Signing:**  The County strongly encourages anyone who in good faith believes they may be the victim of discrimination, harassment, or retaliation to report such conduct. However, the filing of a knowingly and intentionally false claim violates County policy and may result in discipline up to and including discharge. | | | I acknowledge that I have read the paragraph above. | | | By submitting this form, I confirm that to the best of my knowledge, all the information contained herein is accurate. I understand that the Equal Employment Opportunity Access Office and/or other authorized County personnel will investigate my complaint, and, if necessary, share information with other parties to fulfill its obligations under County policy and any applicable law or order. | | | **Enter your name (in lieu of your signature)** | **Date** | |  | Click or tap to enter a date. | | | | |