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| **COUNTY OF ORANGE****EQUAL EMPLOYMENT OPPORTUNITY ACCESS OFFICE**400 West Civic Center Drive 2nd FloorSanta 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.For any questions related to this form, please contact 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** |  |
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|  |  |  |
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|  |
| --- |
| **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 #** |
|  |  |  |
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| **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** |

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|  |
| --- |
| **Phone #** |

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| --- |
| **Street** |

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| **City** |

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| **Zip Code** |

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| **SECTION D - ACKNOWLEDGEMENT** |
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| **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. |

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