



County of Monterey

CIVIL RIGHTS OFFICE

Juan P. Rodriguez, Civil Rights Officer

DISCRIMINATION COMPLAINT FORM

INSTRUCTIONS: *Please complete this form to the best of your ability. Attach additional pages if necessary. Your complaint will be processed according to the Civil Rights Complaint Procedures. The procedures can be found on our website, or you may request a copy from the Civil Rights Office. If you require assistance completing this form, please contact us.*

Retaliation prohibited. Monterey County policies prohibit retaliation against those who report, oppose, or participate in an investigation of alleged policy violations. This includes intimidation, threat, coercion, or discrimination. Any employee involved in retaliatory conduct will be subject to disciplinary action. Please notify the Civil Rights Office immediately if you believe retaliation occurred.

YOUR INFORMATION

Name: _____

Email Address: _____

Best phone number to reach you: _____

Preferred method of contact: Email Phone

Will you need an interpreter during the complaint process? Yes No

If yes, please indicate language: _____

AFFILIATION WITH THE COUNTY OF MONTEREY

Applicant Position Applied for: _____

Volunteer/Intern Department: _____

Vendor/Contract Worker Service Recipient / Constituent / Resident

Employee *If checked, fill out the information below:*

Job Title/Position: _____

Department/Division: _____

Supervisor Name: _____

Supervisor Title: _____

1441 Schilling Place, North Building | Salinas, CA 93901

O: 831 755 5117 | TTY: 831 755 5349

E-Mail: civilrights@countyofmonterey.gov



DEMOGRAPHIC INFORMATION

Primary Language: _____

Age: _____

Gender: Female Male Nonbinary Other: _____

ETHNIC CATEGORY

(Check all that apply.)

WHITE

Not of Hispanic origin; all persons having origins in any of the original peoples of Europe.

BLACK/AFRICAN AMERICAN

Not of Hispanic origin; all persons having origins in any of the black racial groups of Africa.

HISPANIC/LATINO/LATINA/LATINX/LATINE

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 ALASKA 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.

MIDDLE EASTERN & NORTHERN AFRICAN

All persons having origins in the Middle East and North Africa.

OTHER

Do you have a disability/ies? Yes No

If yes, please state your disability/ies: _____

Do you have any accommodations? Yes No



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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

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 (includes gender identity and gender expression)

Genetic information

Marital Status

Medical condition (cancer and genetic characteristics)

Military and veteran status

Race (including color, national origin and language use restrictions)

Religious creed (including religious dress and grooming practices)

Retaliation

Sex (including orientation, pregnancy, childbirth, breastfeeding, and medical conditions related to pregnancy)

Sexual harassment

Other (please specify): _____

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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: _____

Date of first occurrence: _____

Date of most recent occurrence: _____

Person 2

Name: _____ Title: _____

Department: _____ Telephone: _____

Date of first occurrence: _____

Date of most recent occurrence: _____

Person 3

Name: _____ Title: _____

Department: _____ Telephone: _____

Date of first occurrence: _____

Date of most recent occurrence: _____



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DETAILS REGARDING INCIDENT(S)

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

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Have you previously reported this information?

Yes No

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?

Yes No

If yes, please provide your attorney's information below:

Name of Attorney: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____



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CONFIDENTIALITY STATEMENT

The County of Monterey cannot guarantee that complaints will remain confidential because records may be subject to subpoena, 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 Civil Rights. 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, the California Civil Rights Department, or other applicable state and federal agencies. I am aware that these agencies each have statute of limitations requirements, and it is my responsibility to comply with the rules, regulations, and filing timelines of each agency.

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

Complainant's Signature

Date

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