

County of Sonoma Equal Employment Opportunity Unit 575 Administration Drive #116B Santa Rosa, CA 95403 (707) 565-8059

For Authorized HR EEO Staff Only
Date Received:
Print Name:
Case#:

EEO Complaint Form

Section I. Complainant's I	nformation:							
Complainant's Full Name:			Employee ID No:					
Department:			Job Title:					
Mailing Address:			Physical Work Location Address:					
Home/Cell#:	Work #:		le le	mail:				
γνοι κ								
Preferred Contact Method:	☐ Email ☐ Home	e/Cell#	☐ Work# ☐ Te	eams				
Section II. Individual(s) re		ed haras						
Full Name	Job Title		Department	Mgr	Spvr	Peer	Other	
Section II. A Alleged Con	duct	•		•	•			
Date of Alleged Conduct:		Did you	report the alleged	conduct to	o anyone	else?		
☐ Yes To Whom did you report the alleged conduct: Date Re			□ No ported:					
,		Date Ne	ported.					
How did you report the alle Verbal □ Written (Pls. atta	ch a copy.)	What wa	as their response?)				
Describe the Alleged Condu	uct:							

DISCLOSURE: The County of Sonoma takes all allegations seriously and has a compelling interest in protecting the integrity of its investigations. As such, any information stated in this form could be disclosed to those who have a legitimate need to know, and in compliance with applicable federal, state, and local laws.

Opportunity. Diversity. Service. Room to Move, Room to Grow,

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Why do you believe the	eir conduct is an EEO Po	olicy violation?			
Have you filed a complaint with a state/federal agency? ☐ Yes ☐ No		If so, please select: □ CRD □ EEOC □ DOLE			
Has the alleged or a similar conduct happened before? ☐ Yes ☐ No		Did you report the alleged or similar conduct? ☐ Yes ☐ No			
If so, please list date(s).		To Whom did you report the previous same or similar conduct?			
Describe their response	(if any).				
Section II. B Please Is	st any witnesses whom	n vou feel may have in	formation regarding this complaint.		
OCOCIONI DI TOGGO IK					
Full Name and Contact Information	Job Title	Department	Relevant Information Your Witness Could Have		
Full Name and			Relevant Information Your Witness		
Full Name and			Relevant Information Your Witness		
Full Name and			Relevant Information Your Witness		
Full Name and			Relevant Information Your Witness		
Full Name and	Job Title		Relevant Information Your Witness		
Full Name and Contact Information	Job Title Resolution		Relevant Information Your Witness		
Full Name and Contact Information Section III. Remedy/R	Job Title Resolution		Relevant Information Your Witness		
Full Name and Contact Information Section III. Remedy/R	Job Title Resolution		Relevant Information Your Witness		
Full Name and Contact Information Section III. Remedy/R	Job Title Resolution		Relevant Information Your Witness		
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