



For Authorized HR EEO Staff Only

Date Received:

Print Name:

Case #:

EEO Complaint Form

Section I. Complainant's Information:

Complainant's Full Name:		Employee ID No:	
Department:		Job Title:	
Mailing Address:		Physical Work Location Address:	
Home/Cell #:	Work #:	Email:	
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Home/Cell # <input type="checkbox"/> Work # <input type="checkbox"/> Teams			

Section II. Individual(s) responsible for alleged harassment/ discriminatory /retaliatory actions:

Full Name	Job Title	Department	Mgr	Spvr	Peer	Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II. A Alleged Conduct

Date of Alleged Conduct:	Did you report the alleged conduct to anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No
To Whom did you report the alleged conduct:	Date Reported:
How did you report the alleged conduct? <input type="checkbox"/> Verbal <input type="checkbox"/> Written (Pls. attach a copy.)	What was their response?
Describe the Alleged Conduct:	

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.

