Opportunity. Diversity. Service.

Room to Move. Room to Grow.

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: Select One
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: ☐ Email ☐ Home/Cell # ☐ Work # ☐ Teams		

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

Full Name	Job Title	Department	Mgr	Spvr	Peer	Other
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Section III. Allegation

I allege that I experienced: ☐ Discrimination ☐ Harassment

I experienced Discrimination or Harassment because of my actual or perceived:

- ☐ Age (40 and over)
- ☐ Ancestry
- ☐ Association with a member of a protected class
- ☐ Bereavement Leave
- ☐ Cannabis Use
- ☐ Color
- ☐ Disability (physical, intellectual/developmental, mental health/psychiatric)
- ☐ Family Care and Medical Leave (CFRA)
- ☐ Gender Identity or Expression
- ☐ Genetic Information or Characteristic
- ☐ Marital Status
- ☐ Medical Condition (cancer or genetic characteristic)
- ☐ Military and Veteran Status
- ☐ National Origin (includes language restrictions)
- ☐ Pregnancy, childbirth, breastfeeding, or related medical conditions
- ☐ Pregnancy Disability Leave (PDL)
- ☐ Race (includes hairstyle and hair texture)
- ☐ Religious creed (includes dress & grooming)
- ☐ Reproductive Health Decision-making
- ☐ Reproductive Loss Leave
- ☐ Sex/Gender
- ☐ Sexual harassment – hostile environment
- ☐ Sexual harassment – quid pro quo
- ☐ Sexual Orientation
- ☐ Other -

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.

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I experienced retaliation because I:

- ☐ Participated as a witness in a discrimination or harassment complaint
- ☐ Reported or resisted any form of discrimination or harassment
- ☐ Reported patient abuse (hospital employees only)
- ☐ Requested or used Bereavement Leave
- ☐ Requested or used a disability-related accommodation member
- ☐ Requested or used a pregnancy-related accommodation
- ☐ Requested or used Pregnancy Disability Leave (PDL)
- ☐ Requested or used Reproductive Loss Leave
- ☐ Requested or used a religious accommodation
- ☐ Requested or used Family Care and Medical Leave (CFRA) related to serious health condition of employee or family, child bonding, or military exigencies

As a result, I was:

- ☐ Asked impermissible non-job-related questions
- ☐ Demoted
- ☐ Denied accommodation for a disability
- ☐ Denied accommodation for pregnancy
- ☐ Denied accommodation for religious beliefs
- ☐ Denied any employment benefit or privilege
- ☐ Denied Bereavement Leave
- ☐ Denied employer paid health care while on Family Care and Medical Leave (CFRA)
- ☐ Denied equal pay (includes violations of the Equal Pay Act)
- ☐ Denied Family Care and Medical Leave (CFRA)
- ☐ Denied hire or promotion
- ☐ Denied or forced to transfer
- ☐ Denied Pregnancy Disability Leave (PDL)
- ☐ Denied Reproductive Loss Leave
- ☐ Denied the right to wear pants
- ☐ Denied work opportunities or assignments
- ☐ Forced to quit
- ☐ Laid off
- ☐ Reprimanded
- ☐ Suspended
- ☐ Terminated
- ☐ Other -

Section IV. Allegation Details

First Date of Alleged Conduct:	Last Date of Alleged Conduct:
Is the conduct ongoing? ◯ Yes ◯ No	Did you report the alleged conduct to anyone else? ◯ Yes ◯ No
To Whom did you report the alleged conduct:	Date Reported:
How did you report the alleged conduct? ☐ Verbal ☐ Written (Pls. attach a copy.)	What was their response?
Describe the Alleged Conduct:	

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Why do you believe their conduct is an EEO Policy violation?	
Have you filed a complaint with a state/federal agency? ◯ Yes ◯ No	If so, please select: ☐ CRD ☐ EEOC ☐ DOLE
Has the alleged or 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 V. Please list any witnesses whom you feel may have information regarding this complaint.

Full Name and Contact Information	Job Title	Department	Relevant Information Your Witness Could Have

Section V.B Remedy/Resolution

What remedy is sought?

Signature

Complainant's Signature:	Date:

Submit Print Reset Form

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