



DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the City of San Ramon. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided if you submit something other than this form.

1.* Your name and address.

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

Address: _____

_____ Zip _____

Telephone: (____) _____

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone: Home:(_____)_____ Work or Cell: (_____)_____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination generally must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint and the City of San Ramon will evaluate the explanation and decide if a waiver is appropriate.

10.* Please explain, as clearly and neatly as possible, what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints with any other City offices?

Yes ____ No ____

If so, what department was it filed with?

Address: _____

_____ Zip _____

Telephone No: (____) _____

Date of Filing: _____ Filed Against: _____

Briefly, what was the complaint about?

What was the result?

16. Have you filed a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

_____ Other _____

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

19.* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person). Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

City of San Ramon
Administrative Services Department
Human Resources Division Manager
2226 Camino Ramon
San Ramon, CA 94583
Voice: (925) 973-2523
FAX: (925) 866-1436

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

Complaint number(s): (if known) _____

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for the City of San Ramon to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the City of San Ramon to honor requests under the Freedom of Information Act. I understand that it may be necessary for the City of San Ramon to disclose information, including personally identifying details, that it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by the City of San Ramon's Administrative Policy from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the City of San Ramon.

CONSENT/RELEASE

CONSENT - I have read and understand the above information and authorize the City of San Ramon to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the City of San Ramon to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT DENIED - I have read and understand the above information and do not want
The City of San Ramon to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

SIGNATURE

DATE