



GLENN COUNTY DISCRIMINATION COMPLAINT FORM

To: Agency EEO Coordinator/Personnel Director

(Print and Submit to the Personnel Department)

Name of Agency _____

1. Name _____ Telephone _____
Home
Address _____

2. Are you currently employed by the agency? Yes ___ No ___

3. Indicate your present: Job Title _____ Department _____

Work Location Address _____

Work Location Phone Number _____ Status _____

Length of Service in Classification _____

4. Date of alleged discriminatory practice: _____

5. Basis of the alleged discriminatory practice:

____ Race ____ Color ____ Sex ____ Religion ____ Age ____ Disability

____ National Origin ____ Ancestry ____ Marital Status ____ Military Status

____ Pregnancy ____ Retaliation ____ Sexual Orientation

____ Other _____

6. The discrimination occurred in connection with:

____ Interview ____ Hiring Selection ____ Promotion ____ Disciplinary Action

____ Compensation ____ Transfer ____ Lay Off ____ Training Opportunity

____ Other (specify) _____

7. The facts of the alleged discriminatory employment practice are:

(Continue on additional sheets, if necessary)

8. Name(s), Title(s), Work Location(s) and Telephone Number(s) who you believe discriminated against you.

Name _____ Title _____

Location Phone Number _____

Name _____ Title _____

Location Phone Number _____

(Continue on additional sheets, if necessary)

9. Please supply evidence to document the basis for the disciplinary practice you are claiming, as indicated in your response to number five of the form.

I have attached supporting evidence: Yes _____ No _____ If yes, describe attachments:

(Continue on additional sheets, if necessary)

10. Have you made an effort to resolve the discrimination through your Supervisor or Manager?

Yes _____ No _____

If yes, please explain indicating the outcome of the efforts:

(Continue on additional sheets, if necessary)

COMPLAINANT'S SIGNATURE

DATE

EEO COORDINATOR/PERSONNEL DIRECTOR'S SIGNATURE

DATE