

DEPARTMENT REPORT OF EMPLOYMENT DISCRIMINATION COMPLAINT

* Report Within Five Working Days of Receipt of Complaint*

Return to: Linda C. Simon, Director, DHR EEO Division, One South Van Ness, 4th Floor, San Francisco, CA 94103; linda.simon@sfgov.org

1. Department/Worksite: _____

2. Complainant: _____ Tel. No. (Work): _____

Address: _____ Tel. No. (Home): _____

Personal E-mail: _____ DSW #: _____

3. Complaint Filing Date: _____

4. Complainant's Current Employment Status (circle one): _____ Classification: _____

PCS TCS LT NCS PV PE TE PROB NOT A CITY EMPLOYEE

5. Basis of Discrimination (specify):

- Race: _____
- Color: _____
- Religion: _____
- Creed: _____
- Sex: _____
- National Origin: _____
- Ethnicity: _____
- Age: _____
- Disability/Medical Condition: _____
- Political Affiliation: _____
- Sexual Orientation: _____
- Ancestry: _____
- Marital or Domestic Partner Status: _____
- Gender Identity: _____
- Parental Status: _____
- Veteran Status: _____
- Other Non-Merit Factors: _____
- Retaliation: _____

6. Issue complained of:

- Denial of Employment
- Denial of Training
- Denial of Promotion
- Denial of Reasonable Accommodation
- Termination
- Lay-off
- Constructive Discharge
- Disciplinary Action
- Harassment
- Work Assignment
- Sexual Harassment
- Compensation
- Other (please specify): _____

7. Describe the circumstances of the alleged discrimination and include date(s) of adverse employment action(s), provide DSW # for Accused/Respondent(s): (Attach letter of complaint)

8. Has the Complainant filed a grievance or lawsuit regarding this complaint? Yes No

If yes, please specify: _____

9. Is the Complainant represented by a Union or an Attorney? Yes No

Name: _____ Organization/Firm: _____

Address: _____ Phone No.: _____

*10. What steps does the department recommend be taken to address this complaint? (For instance, investigation, alternative dispute resolution, dismissal)

*10a. Name, position, and phone number of person who will implement recommended steps:

11. Completed by: _____ Date: _____

Address: _____ Tel. No. _____

*12. Please notify DHR/EEO in written form immediately upon resolution of this complaint.

***Subject to the Human Resources Director's approval**

HUMAN RESOURCES DIRECTOR REVIEW

Complaint is assigned EEO File Number: _____

Approve department's recommendations for addressing complaint. Proceed and notify HR Director of actions, findings, and recommendations for resolution.

Complaint is assigned by HR Director to: _____ and/or the following actions are to be taken:

_____ for Micki Callahan, Human Resources Director

_____ Date