

**DISCRIMINATION/HARASSMENT COMPLAINT FORM**  
**CONFIDENTIAL**

Instructions: This form should be used when filing a complaint of discrimination, harassment, or retaliation and should be discussed with the Equal Employment Opportunity (EEO) Officer. All complaints should be filed with Air Resources Board's (ARB) Equal Employment Opportunity (EEO) Office located at 1001 I Street, Sacramento, CA, 95814. Telephone number (916) 323-7053, Fax number (916) 445-6531.

Please try to answer all questions that may apply to your situation. You may use additional paper if additional space is needed. The instructions for completing each of the numbered questions below are on page 3 of the Discrimination Complaint Form. If you have any documents that support your complaint, please attach them to this Discrimination Complaint Form. For example, if you are complaining about disability discrimination and have completed a Request for Reasonable Accommodation form (ASD/MSB-200), attach it to this complaint form.

**1. COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

**2. BASIS OF COMPLAINT:**

Select a protected group category that best identifies the alleged discrimination, harassment, or retaliation (See definitions in the Discrimination Complaint Process Policy). Checking boxes that do not apply may delay your complaint.

- AGE (40 years old and over)
- ANCESTRY (National or cultural origin)
- BREASTFEEDING
- COLOR (Skin color)
- DENIAL OF FMLA/CFRA (Family Medical Leave Act/CA Family Rights Act)
- DISABILITY (Physical, Mental or Perceived)
- GENDER EXPRESSION (A person's gender-related appearance or behavior)
- GENDER IDENTITY (A person's identification as male, female, a gender different from the person's sex at birth, or transgender.)
- GENETIC INFORMATION OR CHARACTERISTICS
- MARITAL STATUS (Divorced married, never married, separated, widowed)
- MEDICAL CONDITION (Cancer, cancer related illness, or genetic characteristic)
- MILITARY OR VETERAN'S STATUS (Past and present members of uniformed services, as well as applicants and those obligated to serve in the uniformed services)
- NATIONAL ORIGIN (Birth site, language use restrictions, accent, employee or job applicant who holds or presents a driver's license issued under section 12801.9 of the Vehicle Code)
- POLITICAL AFFILIATION (Membership or association with a political party or special interest group)
- PREGNANCY (Childbirth or related medical condition)
- RACE (Belonging to one of the accepted anthropological racial groups: American Indian, Asian, Black, Filipino, Hispanic, Pacific Islander or White)
- RELIGION (A followed spiritual belief that is sincerely held)
- RETALIATION (Retaliation for filing an EEO discrimination complaint, involved in an EEO complaint, opposing illegal discriminatory employment practices, or engaged in a protected activity)
- SEX (Gender – female or male)
- SEXUAL HARASSMENT (Unwelcome attention of a sexual nature)
- SEXUAL ORIENTATION (Bisexual, heterosexual, homosexual, or perceived sexual orientation)

**3. PERSON AND/OR ENTITY YOU ARE COMPLAINING ABOUT:**

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Division/Unit: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

4. Please check the box that best describes the harm or type of action taken against you:

- Denial of Reasonable Accommodation
- Disciplinary Action
- Failure to Appoint
- Failure to Promote
- Harassment/Hostile Work Environment
- Retaliation
- Working Conditions
- Other - please explain:

5. **What** happened to you? How do you believe you were discriminated, harassed or retaliated against?

6. **Why** do you believe you are being discriminated, harassed, or retaliated against?

7. **Where** did the alleged act of discrimination, harassment, or retaliation occur?

8. **When** did the last alleged act of discrimination, harassment, or retaliation occur? Please be as specific as possible on this date, and indicate whether the discrimination, harassment, or retaliation was continuous or is still ongoing?

9. **Who** witnessed or has knowledge of the alleged act of discrimination, harassment, or retaliation? Please list the names of any and all witnesses.

10. **How** were you affected by the alleged acts of discrimination, harassment, or retaliation?

11. **Were** other individuals subjected to the same alleged discriminatory, harassment, or retaliation conduct? If so, please provide names and telephone numbers if possible.

12. **What** would you like ARB to do as a result of your complaint? In other words, what remedy would you like ARB to consider?

Have you discussed your complaint with your Supervisor?

Yes

No

Have you filed your complaint with any other state or federal agency?

Yes

No

ARB makes every effort to protect confidentiality in any investigation, but cannot guarantee absolute confidentiality. An employee's right to due process and equitable treatment requires ARB to interview many individuals during the course of an investigation. Confidentiality will be protected and honored to as great a degree as is legally possible. However, anonymity and complete confidentiality cannot be guaranteed once a complaint is made to ARB. You can assist in protecting confidentiality by keeping the proceedings of any interview with you confidential.

**ASSURANCE AND SIGNATURE**

I affirm that the above information is true to the best of my knowledge, information, and belief.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For the EEO Office to accept your complaint, the EEO Office must have certain information. Therefore, please make sure you carefully follow the instructions outlined below for the filing of your complaint. The instruction numbers match the numbers in the Discrimination Complaint Form.

1. Under **Complainant Information**, you must write your legal name, home address, home telephone number, classification (i.e., Staff Services Analyst), division/section, work telephone number.
2. Under **Person and/or Entity You Are Complaining About**, you must provide the complete name, division/section, classification, and supervisor's name of the person that you are complaining against. If there is more than one person you are complaining about, please list the others on a separate sheet of paper.
3. Under **What** happened to you, provide in succinct detail each action that you believe was harmful to you. For example, "I was terminated" or "I was disciplined more harshly," etc. If you need additional space, please provide your answer to this question in a separate sheet of paper.
4. Under **Why** do you believe you are being discriminated, harassed, or retaliated against, provide in succinct detail the cause or basis for your complaint. ARB prohibits harmful actions because of your age, ancestry, color, disability, marital status, military status, national origin, political affiliation, pregnancy, race, religion, sex, sexual harassment, sexual orientation or retaliation. You must provide a cause for the harmful action. For example, "I was terminated from my job because of my disability. A non-disabled individual was given my job." In this example, the disability is the alleged cause for the termination. Then list the reasons why you believe your disability or another protected group category listed above was the cause for the harmful action. If you need additional space, please provide your answer to this question in a separate sheet of paper.
5. Under **Where** did the alleged act of discrimination, harassment, or retaliation occur, provide in succinct detail the exact place or location the harmful acts occurred. For example, "I was sexually harassed in the Sacramento headquarters building, on the second floor, in office xx-xx.
6. Under **When** did the alleged act of discrimination, harassment, or retaliation occur, provide when the harmful acts occurred with as much specificity as you can. For example, "I was discriminated against on December 31, 2012." Then please provide, if applicable, any other continuing acts of discrimination. For example, "I was discriminated against on December 31, 2012 and the discrimination continued on June 7 and on August 8, 2013. Finally, please set forth whether the discrimination, etc., is still continuing.
7. Under **Who** witnessed or has knowledge of the alleged act of discrimination, harassment, or retaliation, provide, if you can, the full name, telephone number, email, and work location of the individual who witnessed or has knowledge of the harmful acts.
8. Under **How** were you affected by the discrimination, harassment, or retaliation, provide in succinct detail the effect the harmful acts had on you. In other words, state how you were negatively impacted. For example, "As a result of the sexual harassment, I could not come to work, avoided any place where the harasser was, and sought therapy."
9. Under **Were** other individuals subjected to the same alleged discriminatory, harassment, or retaliation, provide, if you can, the names, telephone number, email, and work location of any other individuals that may have been subjected to the same harm as you allege. In addition, please state how you were treated differently.
10. Under **What** would you like ARB to do, state what you would prefer ARB to do to stop the alleged discrimination, harassment, or retaliation.