DISCRIMINATION COMPLAINT

CDCR 693 (Rev. 01/21)

INSTRUCTIONS: This form should be used when filing a discrimination complaint. Complaints should be discussed with a local Equal Employment Opportunity (EEO) Counselor or Coordinator. Complaints may also be filed directly with the Office of Internal Affairs, Office of Civil Rights.

COMPLAINANT INFORMATION:

Please check one current employment status from the following and complete the contact information below:

- ☐ Permanent CDCR Employee
- ☐ Limited Term or Temporary CDCR Employee (e.g., Student Assistant, Retired Annuitant)
- ☐ Contractor: Registry
- ☐ Contractor: Other ____________________
- ☐ Job Applicant
- ☐ Other State Department/Agency: ____________________
- ☐ Former CDCR Employee
- ☐ Other (Specify): ____________________

NAME:		MAILING ADDRESS:	
HOME/CELL PHONE NUMBER:	WORK PHONE NUMBER:	EMAIL ADDRESS:	PREFERRED METHOD TO BE CONTACTED: Home:__________ Work: __________ Email: __________
CIVIL SERVICE CLASSIFICATION:		WORK LOCATION:	
GENDER/GENDER IDENTITY: ☐ MALE ☐ FEMALE ☐ NON-BINARY ☐ OTHER		SPECIFIC WORK UNIT/DIVISION/REGION:	

BASIS OF COMPLAINT:

Select basis/es relevant to the alleged discrimination.

☐ AGE (40 or older) *age at the time of the alleged adverse employment action:*____________________

☐ ANCESTRY (national or cultural origin of a line of familial descent) *ancestry:*____________________

☐ COLOR (skin color or shades of skin) *color:*____________________

☐ DISABILITY (any mental or physical impairment, permanent or temporary, includes HIV and AIDS)

☐ ETHNICITY (language or shared culture) *ethnicity:*____________________

☐ FAMILY MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT AND/OR PREGNANCY DISABILITY LEAVE (leave rights)

☐ GENDER IDENTITY AND GENDER EXPRESSION

☐ GENETIC INFORMATION (information about an individual's genetic tests or family members, as well as information about any disease, disorder, or condition of a family member, i.e., family medical history)

☐ MARITAL STATUS (single, married, never married, cohabitation, divorced or widowed) *marital status:*____________________

☐ MEDICAL CONDITION (cancer or genetic characteristics)

☐ NATIONAL ORIGIN (birthplace, language or a person's accent) *national origin:*____________________

☐ POLITICAL AFFILIATION OR OPINION (membership or association in a political party or special interest group)

☐ RACE (one of the accepted biological racial groups: i.e., Caucasian, Black/African American, Aborigine, Asian, Native Hawaiian or other Pacific Islander) *race:*____________________

☐ RELIGION (one's belief, observance and practice belonging to an organized religion or sect./include religious dress and grooming) *sincerely held religion/belief:*____________________

☐ SEX/GENDER (includes sexual harassment, pregnancy, childbirth, breastfeeding and/or related medical conditions)

☐ SEXUAL ORIENTATION (heterosexual, homosexual, bisexual, and pansexual)

☐ VETERAN STATUS AND/OR MILITARY SERVICE (specify the period of service): ____________________

☐ EEO RETALIATION (A negative employment action against an individual due to his or her *EEO protected activity,* i.e., reported harassment/discrimination or participated in the EEO complaint process)

1. RELATED COMPLAINT FILING:

- ☐ LOCAL EEO COORDINATOR/COUNSELOR (LIP Process) Date Filed: ____________
- ☐ EQUAL EMPLOYMENT OPPORTUNITY COMMISSION Date Filed: ____________
- ☐ DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING Date Filed: ____________
- ☐ WORKERS' COMPENSATION Date Filed: ____________
- ☐ GRIEVANCE Date Filed: ____________
- ☐ OTHER Date Filed: ____________

2. RESPONDENT INFORMATION:

WHO IS/ARE THE PERSON(S) RESPONSIBLE FOR THE ALLEGED DISCRIMINATION/HARASSMENT TAKEN AGAINST YOU? PLEASE INCLUDE COMPLETE NAME(S) AND CORRECT CLASSIFICATION(S).

COMPLETE FIRST AND LAST NAME:	CLASSIFICATION:	WORK LOCATION:

3. TYPE OF HARM/ISSUE CAUSED BY THE ALLEGED DISCRIMINATION. INCLUDE DATE(S) OF OCCURRENCE.

- ☐ FAILURE TO APPOINT Date Occurred: ____________
- ☐ JOB DUTY CHANGE/TRANSFER Date Occurred: ____________
- ☐ HOSTILE WORK ENVIRONMENT Date Occurred: ____________
- ☐ FAILURE TO ACCOMMODATE Date Occurred: ____________
- ☐ DENIED LEAVE Date Occurred: ____________
- ☐ CHANGE IN WORKING CONDITIONS Date Occurred: ____________
- ☐ DEMOTION Date Occurred: ____________
- ☐ TERMINATION Date Occurred: ____________
- ☐ HARASSMENT Date Occurred: ____________
- ☐ DENIED JOB OPPORTUNITY Date Occurred: ____________
- ☐ MODIFIED WORK ASSIGNMENT Date Occurred: ____________
- ☐ DENIAL / REQUIRED TRAINING Date Occurred: ____________
- ☐ POOR / UNFAIR PERFORMANCE EVALUATION Date Occurred: ____________
- ☐ DISCIPLINARY ACTION Date Occurred: ____________
- ☐ DENIAL OR CHANGE IN FRINGE BENEFITS Date Occurred: ____________
- ☐ OTHER (SPECIFY) Date Occurred: ____________

4. PLEASE STATE WHAT OCCURRED. INCLUDE DATE(S), RESPONDENT(S) AND PROTECTED BASIS.
(Attach additional information if needed)

5. WHAT WAS THE DATE OF THE LAST DISCRIMINATORY ACTION?____________________

6. IS THE DISCRIMINATORY ACTION ONGOING? Yes ☐ No ☐

7. WHAT WAS THE DATE OF THE FIRST DISCRIMINATORY ACTION?____________________

8. WAS THIS REPORTED TO A SUPERVISOR/MANAGER, EEO COUNSELOR, EEO COORDINATOR, HIRING AUTHORITY, THE OFFICE OF CIVIL RIGHTS, OR ANYONE THAT COULD TAKE ACTION? IF YES, TO WHOM WAS IT REPORTED?

NAME: CLASSIFICATION:

DATE REPORTED: How? ☐ verbally ☐ written

ACTION TAKEN:

NAME: CLASSIFICATION:

DATE REPORTED: How? ☐ verbally ☐ written

ACTION TAKEN:

NAME: CLASSIFICATION:

DATE REPORTED: How? ☐ verbally ☐ written

ACTION TAKEN:

9. WHAT REASON OR EVIDENCE DO YOU HAVE TO SUPPORT THAT DISCRIMINATION OCCURRED? PLEASE ATTACH DOCUMENTATION AND INCLUDE SPECIFIC DATES.

10. WITNESSES:
LIST WITNESSES WHO HAVE SPECIFIC INFORMATION OR DIRECT KNOWLEDGE RELATED TO YOUR ALLEGATIONS. WHAT SPECIFIC INFORMATION CAN EACH WITNESS PROVIDE?
(Attach additional information if needed)

NAME: CLASSIFICATION:

INFORMATION:

NAME: CLASSIFICATION:

INFORMATION:

NAME: CLASSIFICATION:

INFORMATION:

COMPLAINANT'S RIGHTS

Every employee or applicant has the following rights:

1. The right to a discrimination-free work environment.
2. The right to file a discrimination complaint, freedom from influence to refrain from filing a complaint, and freedom from retaliation after filing a complaint. Employees and applicants must immediately report the discriminatory action or conduct.
3. The right to have their complaint promptly reported, objectively reviewed, and investigated when appropriate.
4. The right to be informed of the determination/disposition of the complaint.
5. The right to be represented by a person of the complainant's choosing at each and all steps of the process.
6. The right to file a complaint with the California Department of Fair Employment and Housing at www.dfeh.ca.gov, (800) 884-1684 or (TDD) (800) 700-2320; the Equal Employment Opportunity Commission at www.eeoc.gov, (800) 669-4000 or (TDD) (800) 669-6820, U.S. Department of Labor at www.dol.gov, (866) 487-2365 or (TDD) (877) 889-5627, and other appropriate State and federal compliance agencies.

I declare under penalty of perjury under the laws of the State of California that the information that I have entered on this discrimination complaint form is true and complete to the best of my knowledge. I agree to cooperate fully with any inquiry or investigation conducted by the California Department of Corrections and Rehabilitation pertaining to this discrimination complaint.

COMPLAINANT'S SIGNATURE	**DATE SIGNED**

Please submit a completed Discrimination Complaint (CDCR 693) to an EEO Coordinator or to the following address:

Office of Internal Affairs
Office of Civil Rights
P.O. Box 3009
Sacramento, CA 95812
m_civilrights@cdcr.ca.gov

If you have any questions or concerns about filing a discrimination complaint, please contact the OIA, OCR at one of the following Regional Offices:

OIA-Northern Region
10111 Old Placerville Rd., Suite 200
Sacramento, CA 95827
(916) 255-1301

OIA-Central Region
5100 Young St., Bld. B, Ste. 160A
Bakersfield, CA 93309
(661) 664-2054

OIA–Southern Region
9035 Haven Ave., Suite 105
Rancho Cucamonga, CA 91730
(909) 483-1594

EEO/SEXUAL HARASSMENT HOTLINE TELEPHONE NUMBER:
1-800-272-1408