

*** EMPLOYMENT ***

COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

DFEH # _____

DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (indicate Mr. or Ms.) _____ TELEPHONE NUMBER (INCLUDE AREA CODE) _____

ADDRESS _____

CITY/STATE/ZIP _____ COUNTY _____ COUNTY CODE _____

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME _____ TELEPHONE NUMBER (Include Area Code) _____

ADDRESS _____ DFEH USE ONLY _____

CITY/STATE/ZIP _____ COUNTY _____ COUNTY CODE _____

NO. OF EMPLOYEES/MEMBERS (if known) _____ DATE MOST RECENT OR CONTINUING DISCRIMINATION | RESPONDENT CODE TOOK PLACE (month, day, and year) _____

THE PARTICULARS ARE:

I allege that on _____, the following conduct occurred:
___ termination ___ denial of employment ___ denial of family or medical leave
___ lay-off ___ denial of promotion ___ denial of pregnancy leave
___ demotion ___ denial of transfer ___ denial of equal pay
___ harassment ___ denial of accommodation ___ denial of right to wear pants
___ genetic characteristics testing ___ failure to prevent discrimination or retaliation ___ denial of pregnancy accommodation
___ constructive discharge (forced to quit) ___ retaliation
___ impermissible non-job-related inquiry ___ other (specify) _____

by _____
Name of Person Job Title (supervisor/manager/personnel director/etc.)

because of: ___ sex ___ national origin/ancestry ___ disability (physical or mental) ___ retaliation for engaging in protected
___ age ___ marital status ___ medical condition (cancer or genetic characteristic) activity or requesting a protected
___ religion ___ sexual orientation leave or accommodation
___ race/color ___ association ___ other (specify) _____

State what you believe to be the reason(s) for discrimination _____

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.

I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated _____ COMPLAINANT'S SIGNATURE _____

At _____ City _____

DATE FILED:

RIGHT-TO-SUE COMPLAINT INFORMATION SHEET

DFEH needs a separate signed complaint for each employer, person, labor organization, employment agency, apprenticeship committee, state or local government agency you wish to file against. If you are filing against both a company and an individual(s), please complete separate complaint forms naming the company or an individual in the appropriate area.

Please complete the following so that DFEH can process your complaint and for DFEH for statistical purposes, and return with your signed complaint(s):

YOUR RACE/ETHNICITY (Check one)

- African-American
- African - Other
- Asian/Pacific Islander (specify) _____
- Caucasian (Non-Hispanic)
- Native American
- Hispanic(specify) _____

YOUR PRIMARY LANGUAGE (specify)

YOUR AGE: __ __

IF FILING BECAUSE OF YOUR NATIONAL ORIGIN/ANCESTRY, YOUR NATIONAL ORIGIN/ANCESTRY (specify)

IF FILING BECAUSE OF DISABILITY,

YOUR DISABILITY:

- AIDS
- Blood/Circulation
- Brain/Nerves/Muscles
- Digestive/Urinary/Reproduction
- Hearing
- Heart
- Limbs (Arms/Legs)
- Mental
- Sight
- Speech/Respiratory
- Spinal/Back

IF FILING BECAUSE OF MARITAL STATUS,

YOUR MARITAL STATUS: (Check one)

- Cohabitation
- Divorced
- Married
- Single

IF FILING BECAUSE OF RELIGION,

YOUR RELIGION: (specify)

IF FILING BECAUSE OF SEX, THE REASON:

- Harassment
- Orientation
- Pregnancy
- Denied Right to Wear Pants
- Other Allegations (List) _____

YOUR OCCUPATION:

- Clerical
- Craft
- Equipment Operator
- Laborer
- Manager
- Paraprofessional
- Professional
- Sales
- Service
- Supervisor
- Technician

HOW YOU HEARD ABOUT DFEH:

- Attorney
- Bus/BART Advertisement
- Community Organization
- EEOC
- EDD
- Friend
- Human Relations Commission
- Labor Standards Enforcement
- Local Government Agency
- Poster
- Prior Contact with DFEH
- Radio
- Telephone Book
- TV
- DFEH Web Site

DO YOU HAVE AN ATTORNEY WHO HAS AGREED TO REPRESENT YOU ON YOUR EMPLOYMENT DISCRIMINATION CLAIMS IN COURT? IF YOU CHECK "YES", YOU WILL BE RESPONSIBLE FOR HAVING YOUR ATTORNEY SERVE THIS DFEH COMPLAINT.

Yes No

PLEASE PROVIDE YOUR ATTORNEY'S NAME, ADDRESS AND PHONE NUMBER:

Your Signature

Date

DFEH-300-03-1 (03/08)
Department of Fair Employment and Housing
State of California

YOUR GENDER: __ Female __ Male