

\* \* \* **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  
TOOK PLACE (month, day, and year) \_\_\_\_\_

RESPONDENT CODE \_\_\_\_\_

THE PARTICULARS ARE:

I allege that on \_\_\_\_\_, the  
following conduct occurred:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> termination                             | <input type="checkbox"/> denial of employment                             | <input type="checkbox"/> denial of family or medical leave |
| <input type="checkbox"/> lay-off                                 | <input type="checkbox"/> denial of promotion                              | <input type="checkbox"/> denial of pregnancy leave         |
| <input type="checkbox"/> demotion                                | <input type="checkbox"/> denial of transfer                               | <input type="checkbox"/> denial of equal pay               |
| <input type="checkbox"/> harassment                              | <input type="checkbox"/> denial of accommodation                          | <input type="checkbox"/> denial of right to wear pants     |
| <input type="checkbox"/> genetic characteristics testing         | <input type="checkbox"/> failure to prevent discrimination or retaliation | <input type="checkbox"/> denial of pregnancy accommodation |
| <input type="checkbox"/> constructive discharge (forced to quit) | <input type="checkbox"/> retaliation                                      |  |
| <input type="checkbox"/> impermissible non-job-related inquiry   | <input type="checkbox"/> other (specify) _____                            |  |

by \_\_\_\_\_

Name of Person

Job Title (supervisor/manager/personnel director/etc.)

because of:

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> sex        | <input type="checkbox"/> national origin/ancestry | <input type="checkbox"/> disability (physical or mental) | <input type="checkbox"/> retaliation for engaging in protected |
| <input type="checkbox"/> age        | <input type="checkbox"/> marital status           | <input type="checkbox"/> medical condition (cancer       | <input type="checkbox"/> activity or requesting a protected    |
| <input type="checkbox"/> religion   | <input type="checkbox"/> sexual orientation       | <input type="checkbox"/> or genetic characteristic)      | <input type="checkbox"/> leave or accommodation                |
| <input type="checkbox"/> race/color | <input type="checkbox"/> association              | <input type="checkbox"/> 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 GENDER:**    \_\_ Female    \_\_ Male

**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