

CITY OF OAKLAND



Employment Investigations and Civil Rights Compliance Intake Assessment Form

Thank you for bringing your concerns to us. The completion and submission of this Intake Assessment Form will initiate an intake interview with a Department of Employment Investigations and Civil Rights Compliance (EICRC) Representative. The EICRC representative will determine if a complaint can be accepted for investigation. If EICRC determines that it has jurisdiction to investigate your complaint, witnesses will need to be interviewed, and the accused employee(s) will have an opportunity to respond to the charge(s). Your complaint will be kept as confidential as possible. It will not generally be treated as a public record and information about it will not be released to persons without a need to know. **If you have read and understand this limited confidentiality provision, initial here _____.**

When completing this form, provide a detailed description of the alleged violation(s) and indicate the type of claim alleged (e.g. gender, age, etc.). Use additional paper, if needed.

I. COMPLAINANT INFORMATION

Name _____ Hire Date _____

Home Address _____

City _____ Zip _____

Job Title _____ Yrs. in current dept. _____

Yrs. worked at City _____ Phone Home _____ Work _____ Other _____

Department _____ Division _____

Location _____ Supervisor _____

Do you need an interpreter or accommodations for a disability during the Intake process?

Yes/No. If yes, please specify: _____

FOR DEPARTMENT USE

Jurisdiction _____

Referral _____

Note: _____

II. BASIS OF DISCRIMINATION [Please check ✓ all that apply]

What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you believe that you were treated worse than someone else because of race, you should check the box next to Race. If you believe you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

I believe that I experienced: Discrimination Harassment

Because of my actual or perceived:

<input type="checkbox"/> Age (40 and over) Date of Birth:	<input type="checkbox"/> Ancestry/National Origin Please specify:
<input type="checkbox"/> Color Please specify:	<input type="checkbox"/> Race Please specify:
<input type="checkbox"/> Ethnicity Please specify:	<input type="checkbox"/> Association with a member of a protected class
<input type="checkbox"/> Disability	<input type="checkbox"/> Genetic Information or Characteristic
<input type="checkbox"/> Medical Condition (Cancer or genetic characteristic)	<input type="checkbox"/> Gender Identity or Gender Expression Please specify:
<input type="checkbox"/> Sex/Gender (including pregnancy) Please specify:	<input type="checkbox"/> Pregnancy, Childbirth Please specify:
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Orientation Please specify:
<input type="checkbox"/> Marital Status Please specify:	<input type="checkbox"/> Religious Creed Please specify:
<input type="checkbox"/> Military or Veteran Status Please specify:	<input type="checkbox"/> Requesting Medical Care Leave

Other please specify: _____

I believe that I experienced Retaliation:

- Because I: Reported or resisted any form of discrimination or harassment
 Participated as a witness in a discrimination or harassment complaint
 Requested or took medical, disability, or pregnancy related leave or accommodation.

III. HOW HAVE YOU BEEN HARMED?

What happened to you that you believe was discriminatory? Include the date(s) of harm.

- Denied hire or promotion
- Fired
- Laid off
- Demoted
- Suspended
- Terminated
- Denied training
- Denied or forced to transfer
- Denied leave time or other benefits
- Denied equal pay/compensation
- Denied work opportunities or assignments
- Given worse job duties than other workers in my same title
- Denied reasonable accommodation for a disability
- Reprimanded or disciplined
- Received a negative performance evaluation
- Forced to quit
- Subjected to inappropriate comments or conduct based on a protected status or activity
- Other: _____

Dates of harm

First date of harm (month/day/year): _____

Last date of harm (month/day/year): _____

IV. DESCRIPTION OF THE ALLEGED DISCRIMINATION OR RETALIATION

Describe your allegations in detail. Be specific and give incident date(s), time(s), and location(s). Use additional paper, if needed.

V. PERSON (S) NAMED IN THE ALLEGED DISCRIMINATION

Provide name(s) and title(s) of the person(s) who you believe discriminated, retaliated against you, or harassed you. Include department/division, and describe their relationship to you.

VI. WITNESS (ES) TO ALLEGED DISCRIMINATION

List eyewitnesses to the alleged complaint of discrimination, and list their contact information.

VII. EVIDENCE AND DOCUMENTATION

List and/or provide any written or automated documents, or other evidence that directly supports your allegations (e.g., pay stub, letter of termination, performance evaluation, disciplinary notice, etc.).

VIII. OTHER RESOURCES SOUGHT

Have you sought help about this situation from your department supervisor, manager, employee relations, human resources, union representative, city official, attorney, outside agency or any other source?

YES NO

If yes, please specify (include dates and name of source)

IX. CASE REMEDY OR RESOLUTION

What remedy or resolution are you seeking? Please explain what you want to happen as a result of this complaint.

I, hereby certify that statements and information provided in this Intake Assessment Form are true and correct to the best of my knowledge. I understand that knowingly providing false information to influence the investigation or cause harm to the accused may be grounds for discipline.

Signature of Complainant

Date

Print Name

*Submit online, or return completed Intake Assessment Form to: Department of Employment Investigations and Civil Rights Compliance, 150 Frank Ogawa Plaza, 2nd Floor, Oakland, CA 94612
Attention: Director, EICRC*