

**City of Oakland – Equal Opportunity Programs Division
PRELIMINARY COMPLAINT OF DISCRIMINATION**



Thank you for bringing your concerns to us. Your complaint will be kept as confidential as possible. If EOPD 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 not generally be treated as a public record and information about it will not be released to persons without a need to know. Employees who unnecessarily release information about this complaint may be subject to discipline. **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 (gender, age, etc.). Use additional paper, if needed.

I. COMPLAINANT INFORMATION

Name _____ Hire Date _____

Home Address _____

City _____ Zip _____

Job Title _____ Yrs. in Current Dept. _____

Phone: Home _____ Work _____ Other _____

Department _____ Division _____

Location _____ Supervisor _____

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

Age* Disability Gender Marital Status Medical Condition Race

National Origin Religion Sexual Harassment Sexual Orientation

Retaliation Other _____

*NOTE: If you checked Age, provide your date of birth _____

III. DESCRIPTION OF THE ALLEGED DISCRIMINATION

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

IV. PERSON (S) NAMED IN THE ALLEGED DISCRIMINATION

List all person(s) involved in the alleged actions. Give their job classification, department/division, and/or describe their relationship to you.

V. WITNESS(ES) TO ALLEGED DISCRIMINATION

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

VI. EVIDENCE AND DOCUMENTATION

List and/or provide any written or automated documents, or other evidence that directly supports your allegations.

VII. EXPLAIN HOW YOU HAVE BEEN HARMED AND LIST DATE(S).

VIII. Have you tried to resolve this matter with your department supervisor or manager, department human resources representative, union representative, city official or outside agency? If yes, please provide the person's name, job title, affiliation, and contact information. YES NO

IX. CASE REMEDY OR RESOLUTION
What remedy or resolution are you seeking?

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

Signature of Complainant

Date

Print Name

Return completed Complaint Form to: Equal Opportunity Programs Division, 150 Frank Ogawa Plaza, 2nd Floor, Oakland, CA 94612 Attention: Manager, EOPD