

**COUNTY OF SAN DIEGO
OFFICE OF ETHICS AND COMPLIANCE**

DISCRIMINATION COMPLAINT FORM

Federal and State laws provide procedures for the filing of complaints against employers on the basis of race, color, religious creed, sex, age, national origin, ancestry, handicap, medical condition and/or marital status. In the interest of both the employee and the County of San Diego, a specific procedure has been established to attempt to resolve such complaints with the County to afford immediate relief to complainants where it is warranted. This procedure is not intended to prohibit job applicants, who are non-County employees, nor County employees from filing complaints of discrimination with the Department of Fair Employment and Housing (DFEH), the Equal Employment Opportunity Commission (EEOC), the Civil Service Commission (CSC) or the Courts.

An employee of the County of San Diego or a job applicant, claiming to be aggrieved by a discriminatory practice, may file with the Office of Ethics and Compliance (Office) a signed complaint on the attached Internal Discrimination Complaint Form. Complaints must be filed within sixty (60) calendar days after the complainant had knowledge of the alleged discriminatory practice, but not later than one year after the alleged discriminatory practice occurred. The Office has no authority to provide any remedy for the complainant.

Any reprisal action taken against County employees, applicants or witnesses, because of the filing of a complaint, is strictly prohibited by Government Code Section 53298.

Complaints should be filed with the Office of Ethics and Compliance, either by personal delivery or ordinary mail, to the following address:

County of San Diego
Office of Ethics and Compliance
1600 Pacific Highway, Room 400
San Diego, California 92101-2472

Additional questions regarding the filing of discrimination complaints should be directed to the Office of Ethics and Compliance at (619) 531-5174.

INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

Please fill out all sections of the complaint form as completely and thoroughly as possible and include all of the requested information. This information is necessary for the determination of the Office's jurisdiction over your complaint. Additionally, the Authorization of Investigation and Release of Records Form must be signed and submitted in order for an investigation to be initiated.

**COUNTY OF SAN DIEGO
OFFICE OF ETHICS AND COMPLIANCE**

INTERNAL DISCRIMINATION COMPLAINT FORM

Date Filed: _____

COMPLAINANT:

Name _____ Class/Title _____
Home Address (Complete) _____ Home Phone _____
Email _____
Ethnicity/Race _____ Employee ID No. _____ Age _____ Sex _____

PRESENTLY WORKING:

Department _____ Supervisor _____ Title _____
Address (Complete) _____ Work Phone _____

BASIS OF COMPLAINT: Race _____ Sex _____ Age _____ Disability _____
National Origin/Ancestry _____ Other _____

DATE ALLEGED DISCRIMINATORY ACTION OCCURRED: _____

NATURE OF COMPLAINT: (Please list or itemize the facts of how you were discriminated. Be specific. Include the date, time, place, individual(s) involved, etc. Attach additional sheets if needed.)

If you have filed a complaint on the same facts with any of the following entities, please indicate which and give date of filing. Please note that if you have done so, this precludes the Office of Ethics and Compliance (OEC) from accepting and investigating your complaint. This applies to any complaint that you have initially filed with OEC, and which you file thereafter with an external agency.

Department/Agency: DFEH _____ Date _____ EEOC _____ Date _____
Civil Service Commission _____ Other, specify _____

IF ANY OF THE ABOVE IS MARKED, WHAT IS THE STATUS? _____

Signature of _____ Date _____ Signature of Complainant _____ Date _____
Chief Ethics/Compliance Officer

**AUTHORIZATION OF INVESTIGATION
AND
RELEASE OF RECORDS FORM**

Date: _____

I, _____, having alleged discriminatory treatment by the Department of _____, authorize the Office of Ethics and Compliance (OEC) and its authorized agents to investigate said allegations(s), per Administrative Manual Number 0010-11. I hereby authorize the County of San Diego, the Department of Human Resources, and the Department(s) of _____ to release to OEC and its agents all County personnel, payroll, medical and other records pertaining to me, for OEC's inspection, recording and photocopying.

Signature

PROHIBITION AGAINST RETALIATION

The County of San Diego's Office of Ethics and Compliance, herein referred to as "OEC," is authorized to investigate complaints that are filed against the County of San Diego and/or its officers, employees or agents.

In order to investigate issues raised in complaints of alleged unethical or illegal conduct, OEC is authorized to interview all necessary and relevant parties. Please be aware the:

The investigation of complaints is a serious matter. Your full cooperation is necessary and expected. You are required to provide full and honest answers. Do not discuss the interview with anyone else.

Retaliation is against the law. Pursuant to County policy and procedure, and State and Federal law, no County officer or employee shall retaliate (e.g., an act of intimidation, restraint, coercion or discrimination) against any County officer or employee, or applicant for County employment who files a complaint of alleged employment discrimination. Additionally, retaliation shall not be taken against any County officer or employee who participates as a witness during the course of an investigation. If you feel that you are the victim of retaliation, please contact OEC immediately.

Name: _____ Date: _____