STATE OF CALIFORNIA

DEPARTMENT OF FOOD AND AGRICULTURE
Equal Employment Opportunity (EEO) Office

DISCRIMINATION AND HARASSMENT COMPLAINT FORM
SO-201 (Rev 07/19)

The completion and submission of this complaint form will initiate an intake interview by the EEO staff. Submit completed form to the EEO Office, 1220 N Street, Room 313, Sacramento, CA 95814 or via email at EEO@cdfa.ca.gov .

COMPLAINANT INFORMATION:

NAME		HOME/CELL TELEPHONE ( )
HOME ADDRESS		
CITY, STATE, ZIP	EMAIL ADDRESS:	
CIVIL SERVICE CLASSIFICATION	DIVISION/BRANCH/DAA	WORK TELEPHONE ( )

BASIS OF COMPLAINT

I believe that I experienced ☐ Discrimination ☐ Harassment ☐ Retaliation **because of my actual or perceived:**

☐ AGE (anyone age 40 or over)
☐ RACE
☐ DISABILITY (☐ Mental ☐ Physical ☐ Perceived)
☐ COLOR (skin color)
☐ SEXUAL HARASSMENT
☐ SEXUAL ORIENTATION
☐ GENDER, GENDER IDENTITY, GENDER EXPRESSION
☐ SEX (includes pregnancy, childbirth, breastfeeding, or related medical conditions)
☐ RELIGION (includes religious dress and grooming practices) ☐ ANCESTRY (national or cultural origin)
☐ NATIONAL ORIGIN (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law)
☐ MARITAL STATUS (single, divorced, married, separated, widowed, etc.)
☐ MEDICAL CONDITION (HIV/AIDS, cancer, genetic characteristics)
☐ MILITARY OR VETEREN STATUS
☐ POLITICAL AFFILIATION (membership or association in a political party or special interest group)
☐ REQUEST FOR FAMILY CARE LEAVE
☐ REQUEST FOR PREGNANCY DISABILITY LEAVE
☐ REQUEST FOR LEAVE FOR AN EMPLOYEE'S OWN SERVIOUS HEALTH CONDITION
☐ RETALIATION (actions against complainants, their representatives, EEO officials, witnesses, or other agency employees/applicants for opposing discriminatory practices; filing a complaint, or testifying, assisting, or participating in any manner in an EEO investigation, proceeding, or hearing, including the counseling stage.)
☐ HATE VIOLENCE, OR HUMAN TRAFFICKING
☐ OTHER - Please explain:

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Who is/are the person(s) responsible for the alleged discriminatory action against you?
Name Classification

Division/Unit: _____ Immediate Supervisor: _____

Please choose the box that best describes the harm or type of action taken against you:

- ☐ Denial of reasonable Accommodation
- ☐ Failure to Appoint
- ☐ Harassment/Hostile Work Environment
- ☐ Working Conditions
- ☐ See attached statement.
- ☐ Disciplinary Action
- ☐ Failure to Promote
- ☐ Retaliation
- ☐ Other:

When did the alleged discriminatory actions take place? Where, how did they occur?
☐ See attached statement.

Briefly explain what condition(s) were affected by the alleged discriminatory acts. Include examples of how others were treated differently and the approximate dates of each occurrence.
☐ See attached statement.

What reason or evidence do you have to support your belief that discrimination occurred? ☐ See attached statement.

List any witnesses with pertinent knowledge about the alleged discriminatory acts? Include contact information.
Name: Branch: Phone: Email:
1.
2.
3

What remedy are you seeking?

RELATED COMPLAINT FILING:

- ☐ EQUAL EMPLOYMENT OPPORTUNITY COMMISSION Date Filed:
- ☐ DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING Date Filed:
- ☐ WORKERS' COMPENSATION Date Filed:
- ☐ GRIEVANCE Date Filed:
- ☐ OTHER Date Filed:

CONFIDENTIALITY

The Department can only promise *limited* confidentiality – that the information will be limited to those who "need to know." An investigator cannot promise complete confidentiality because it may be necessary to disclose information obtained during the investigation in order to complete the investigation and take appropriate action. It is not possible to promise that a complaint can be kept entirely "confidential" for several reasons:

1. If the complaint is of potential violation of law or policy, the Department will need to investigate, and in the process of investigating it is likely that people will know or assume details about the allegations, including the identity of the person who complained. This is true even when the name of the complainant is kept confidential since allegations are often clear enough for people to figure out who complained about what.

2. The individual receiving the complaint will usually have to consult with someone else at the Department about what steps to take and to collect information about whether there have been past complaints involving the same employee, etc. That means the complaint will be discussed with others within the organization.

3. The Department may need to take disciplinary action. Again, while the identity of the person who brought the complaint may in some cases be kept confidential, the complaint itself cannot be.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____

Complainant's Signature | Date Signed