

Submit completed form to the Equal Employment Opportunity (EEO) Office at:
1220 N Street, Room 313, Sacramento, CA 95814.

PART I

NAME OF PERSON COMPLETING THIS FORM (COMPLAINANT)		CLASSIFICATION
DIVISION/BRANCH		HOME ADDRESS
TELEPHONE NO.	DATE OF REPORT	NATURE OF INCIDENT: ASSAULT/BATTERY THREAT HOSTILITY/BULLYING TRO/RO

PART II

ALLEGED VICTIM (S) (last, first, m.i.)		CLASSIFICATION
DIVISION	BRANCH	TELEPHONE NO.
SUPERVISOR'S NAME	CLASSIFICATION	TELEPHONE NO.

PART III

ALLEGED OFFENDER'S NAME (last, first, m.i.)		CLASSIFICATION
DIVISION	BRANCH	TELEPHONE NO.
DESCRIPTION OF INCIDENT OR ACTIVITY, INCLUDING WHAT ALLEGED OFFENDER SAID THAT IS CONSIDERED THREATENING. INCLUDE ANY AND ALL EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM. (attach additional sheets if necessary)		

PART IV

NAME OF WITNESS TO INCIDENT	TELEPHONE NO.	CDFA EMPLOYEE YES NO
ADDRESS IF NON-CDFA EMPLOYEE (street, city)		
NAME OF WITNESS TO INCIDENT	TELEPHONE NO.	CDFA EMPLOYEE YES NO
ADDRESS IF NON-CDFA EMPLOYEE (street, city)		
NAME OF WITNESS TO INCIDENT	TELEPHONE NO.	CDFA EMPLOYEE YES NO
ADDRESS IF NON-CDFA EMPLOYEE (street, city)		
NAME OF WITNESS TO INCIDENT	TELEPHONE NO.	CDFA EMPLOYEE YES NO
ADDRESS IF NON-CDFA EMPLOYEE (street, city)		

PART V

TYPE OF INCIDENT IN PERSON MAIL/EMAIL TELEPHONE (if recording of incident is available, forward with this form)		
OTHER (explain) _____		
ADDRESS WHERE INCIDENT OCCURRED (street, city)		CDFA OFFICE? YES NO
DATE OF INCIDENT	TIME OF INCIDENT	
WAS EMPLOYEE(S) INJURED? YES NO	IF YES, NAME(S) OF INJURED PERSON(S)	WAS ALLEGED OFFENDER INJURED? YES NO
NATURE OF INJURIES		

PART VI

WHAT REMEDY ARE YOU SEEKING?

PART VII

LAW ENFORCEMENT AUTHORITIES CONTACTED YES NO	AGENCY
WAS POLICE REPORT MADE YES NO	REPORT NUMBER (if available)
ACTION TAKEN BY AUTHORITIES	

IF POLICE REPORT WAS MADE, FOLLOW UP, OBTAIN COPY, AND FORWARD TO THE EEO OFFICE
Please attach any related documents, reports or pertinent information.

COMPLAINANT'S RIGHTS AND RESPONSIBILITIES

1. The responsibility to provide accurate and factual information during all phases of the complaint process.
2. The right to file a Violence/Threat/Bullying Incident Report.
3. Freedom from influence to refrain from filing a report.
4. Freedom from retaliation for filing a report.
5. The right to a reasonable amount of work time to make an informal presentation of a report to the EEO Office. Consistent with immediate needs, this right shall not be abridged or its exercise delayed by any supervisor.
6. The right to be assisted by a representative of his/her own choosing at all stages of the process.
7. The right to review any information he/she has provided at any time during the reporting process.
8. The right to a full, objective, and prompt investigation.
9. The right to a timely decision from the appointing power, or authority designated by the appointing power, after full consideration of all relevant facts and circumstances.

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