

Submit completed form to the Office of Civil Rights (OCR) at:  
 1220 N Steet, Room 115, Sacramento, CA 95814 or  
[Civil\\_Rights@cdfa.ca.gov](mailto:Civil_Rights@cdfa.ca.gov)

**Part I: Complainant Information**

Complainant Name:		Complainant Telephone:
Home Address:		Office Location/Address:
Preferred Email Address:	Supervisor Name:	Supervisor Telephone:
Job Classification:	Division/Branch/DAA:	Work Telephone:
Alleged Victim (if different than Complainant):		Work Telephone:
Division/Branch/DAA:	Victim's Supervisor:	Supervisor Telephone:

**Part II: Respondent Information**

**If there is more than one Respondent, include on a separate sheet of paper with relevant information.**

Respondent/Offender's Name:		Telephone:
Office Location/Address:	Supervisor:	Supervisor Telephone:
Job Classification:	Division/Branch/DAA:	Work Telephone:

**Part III: Basis of Complaint**

**Check all appropriate boxes and provide a written description of the allegations. Include additional sheets of paper as necessary. Refer to the policy for terms and definitions.**

Basis of Complaint (check all that apply):		
<input type="checkbox"/> Assault/Battery/Violence	<input type="checkbox"/> Threat	
<input type="checkbox"/> Hostility/Bullying/Abusive Conduct	<input type="checkbox"/> Weapons Violations	<input type="checkbox"/> Restraining Order
Type of Incident (check all that apply):		
<input type="checkbox"/> In Person	<input type="checkbox"/> Email/Mail (provide copies)	
<input type="checkbox"/> Telephone (Provide recording if available)	<input type="checkbox"/> Other (Explain):	

Description of incident or activity including what alleged actions the Respondent engaged in. Include any and all evidence you have to support you claim. (Attach additional sheets of paper as needed.)

Address where incident occurred (Street, City):

CDFA/DAA Work Site?

Yes  No

Date of incident:

Time of incident:

Was anyone injured?

Yes  No

If yes, name(s) of those injured:

Was alleged offender(s) injured?

Yes  No

Nature of injuries:

**Part IV: Witness Information**

**If there are more witnesses than spaces provided, include them on a separate sheet of paper with relevant information.**

Witness 1 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness 2 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness 3 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness 4 name:	Telephone:	Email:	Department Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No



### 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 OCR. 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 they have 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.

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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