



**STANISLAUS COUNTY
FORMAL DISCRIMINATION COMPLAINT FORM**

If you believe that you have been discriminated against in any aspect of employment because of race, color, religion, ancestry, national origin, age, sex, sexual orientation, disability, political affiliation, medical condition or marital status, please fill out the form and return it to the County Equal Rights Officer.

Complainant's Full Name		Telephone Number Home:
Street Address		
		Work:
City	Zip Code	
Which department do you believe discriminated against you?		
Name and title of person(s) and/or action(s) causing discrimination		
Are you currently working for the department listed above?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your classification and job title?		
Date on which most recent alleged discrimination took place		Have you discussed your complaint with the Departmental Equal Rights Officer
Month	Day	
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Check below why you believe you were discriminated against:

- | | |
|--|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Sex _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Disability _____ |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Medical Condition _____ |
| <input type="checkbox"/> Ancestry _____ | <input type="checkbox"/> Marital Status _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Age _____ | |

Explain how you believe you were discriminated against (treated differently from other employees or applicants).

What correction action are you seeking?

Signature

Date of this complaint