

## EEO DISCRIMINATION COMPLAINT CONFIDENTIAL

The DMV is committed to taking immediate and appropriate action on any Equal Employment Opportunity (EEO) and Civil Rights issues.

Persons eligible to file a discrimination complaint include applicants for employment, current employees, former employees, members of the public (customers), independent contractors, or vendors who feel that they have suffered alleged harm at the DMV.

**What to include:** A clear concise statement of what you are alleging, and why you believe your allegations are connected to a protected basis. You have the right to file a complaint without providing us with your name or contact information. However, we may not be able to investigate your complaint if we cannot talk to you to confirm the information you are providing or obtain additional information.

**Complete the fillable form and email to: [DMVOCRR@DMV.CA.GOV](mailto:DMVOCRR@DMV.CA.GOV)**

A hard copy of the Discrimination Complaint Form may be requested from the local DMV office manager or by contacting the DMV Office of Civil Rights and Resolution at 916-657-7487 or California Relay Service at 711.

DMV – Office of Civil Rights and Resolution  
2415 First Avenue, MS F115  
Sacramento, CA 95818  
Email: [DMVOCRR@DMV.CA.GOV](mailto:DMVOCRR@DMV.CA.GOV)

If you wish to file a discrimination complaint with an external civil rights agency you may contact:

State Personnel Board (SPB) on the web at [spb.ca.gov](http://spb.ca.gov) or in the phone directory.

California Department of Fair Employment and Housing (DFEH) on the web at [dfeh.ca.gov](http://dfeh.ca.gov) or in the phone directory.

U. S. Equal Employment Opportunity Commission (EEOC) on the web at [eeoc.gov](http://eeoc.gov) or in the phone directory.



# DISCRIMINATION COMPLAINT

## CONFIDENTIAL

**\*The boxes marked with an asterisk must have data before the complaint form can be submitted.**

### SECTION 1 — COMPLAINANT INFORMATION

COMPLAINANT'S NAME (PLEASE PRINT)

|                            |                      |                                 |                                 |
|----------------------------|----------------------|---------------------------------|---------------------------------|
| DIVISION                   | UNIT OR FIELD OFFICE | WORK TELEPHONE NUMBER<br>(    ) | EMAIL ADDRESS*                  |
| HOME ADDRESS               | CITY                 | STATE    ZIP CODE               | HOME TELEPHONE NUMBER<br>(    ) |
| CLASSIFICATION             |                      |                                 | SEX                             |
| IMMEDIATE SUPERVISOR/TITLE |                      | SECOND LINE SUPERVISOR          |                                 |

PLEASE SELECT THE BOX THAT BEST DESCRIBES YOU\*

- Current Employee**
- Former Employee**
- Member of Public (Customer), Independent Contractor, or Vendor**
- Applicant for employment at the DMV**

### SECTION 2 — PROTECTED BASIS\*

Please read the protected basis/characteristic categories listed below. The DMV EEO policy prohibits unlawful discrimination, harassment, intimidation, or coercion in employment and provision of services based on:

- RACE:** Belonging to one of the accepted anthropological racial groups: Black, Asian, White, Hispanic, Filipino, Pacific Islander, American Indian or Alaskan Native. ***If you are alleging racial discrimination, please indicate your race here:*** \_\_\_\_\_
- RELIGION:** All aspects of religious belief, observance and practice
- COLOR:** Color of skin, including shade of skin within a racial group
- SEX:** (which includes pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth or breastfeeding)
- SEXUAL ORIENTATION:** Homosexuality, bisexuality, heterosexuality, perceived sexual orientation, or association with a person who is of a particular sexual orientation or who is perceived to be of a particular sexual orientation
- GENDER, GENDER IDENTITY, and GENDER EXPRESSION**
- MARITAL STATUS:** Married, never married, divorced, separated, widowed, etc.
- NATIONAL ORIGIN (including language restrictions):** National or cultural origin of a line or descent
- ANCESTRY:** National or cultural origin of a line or descent
- DISABILITY (including HIV and AIDS):** Physical or mental disability
- MEDICAL CONDITION (Cancer and genetic characteristics)**
- AGE:** (Persons must be 40 years old or older to allege age discrimination,) If you are alleging age discrimination, please indicate your age here: \_\_\_\_\_
- MILITARY AND VETERAN STATUS:** Prohibits job discrimination and requires affirmative action to employ and advance in employment qualified Vietnam era veterans, qualified special disabled veterans, recently separated veterans, and other protected veterans
- POLITICAL AFFILIATION:** Membership or association with a political party or special interest group
- GENETIC INFORMATION**

**SECTION 3 — ALLEGED HARM/ACTION\***

PLEASE INDICATE THE TYPE OF ALLEGED HARM YOU SUFFERED IN CONNECTION TO THE PROTECTED BASIS:

- Failure to appoint/promote
- Denial of reasonable accommodation
- Denial, interference and/or retaliation under Family Medical Leave Act/California Family Rights Act
- Hostile working environment/Differential treatment
- Harassment
- Sexual harassment
- Retaliation (Employees shall not be retaliated against as a result of making a complaint or participating in an investigation)
- Other/Please explain below in Section 5

**SECTION 4 — DATE OF HARM/ACTION\***

WHAT IS THE MOST RECENT DATE THAT THE ALLEGED HARM OCCURRED:\*

The Department may still take corrective or disciplinary action if the incident has occurred within three years.

**SECTION 5 — INCIDENT\***

Why do you believe the reason(s) for the discrimination, harassment or retaliation was due to the category(ies) you selected in Section 2? (For example, if others were treated differently give names and examples.)\*

*(Use additional sheets if needed.)*

**SECTION 6 — WITNESS INFORMATION**

List the names, job titles and telephone numbers (if possible) of witnesses, coworkers, or others that you feel have direct knowledge of the alleged discrimination. Explain what you think each witness will be able to tell us.

|          |                |                   |                            |
|----------|----------------|-------------------|----------------------------|
| NAME (1) | CLASSIFICATION | UNIT/FIELD OFFICE | TELEPHONE NUMBER<br>(    ) |
| NAME (2) | CLASSIFICATION | UNIT/FIELD OFFICE | TELEPHONE NUMBER<br>(    ) |

**SECTION 7 — RESPONDENT INFORMATION\***

Please list the person(s) responsible for the harm you feel you suffered. If you have more than 2 people, list the Name, Classification, Unit/Field Office, and Telephone Number in Section 5.

|           |                |                   |                            |
|-----------|----------------|-------------------|----------------------------|
| NAME (1)* | CLASSIFICATION | UNIT/FIELD OFFICE | TELEPHONE NUMBER<br>(    ) |
| NAME (2)* | CLASSIFICATION | UNIT/FIELD OFFICE | TELEPHONE NUMBER<br>(    ) |

**SECTION 8 — CERTIFICATION**

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

|                                      |      |
|--------------------------------------|------|
| SIGNATURE OF COMPLAINANT<br><b>X</b> | DATE |
|--------------------------------------|------|