

EEO DISCRIMINATION COMPLAINT **CONFIDENTIAL**

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

Not everyone is eligible to file a discrimination complaint with the DMV. Only those persons who are applicants for employment, current employees, former employees, or members of the public (customers), independent contractors, or vendors who feel that they have suffered alleged harm at the DMV are eligible to file a discrimination complaint with the DMV.

You must print and mail or email the completed form (with an original signature) to:

DMV – Equal Employment Opportunity Office
2415 First Avenue, MS F115
Sacramento, CA 95818
Attn: EEO Officer
Email: exeeeomailbox@dmv.ca.gov

You may print the form by selecting that appropriate box or request a hard copy of the discrimination complaint form from the local DMV Office manager. You may also contact the DMV (EEO) Office at (916) 657-7487 or TDD (916) 657-5981, and a hard copy will be mailed or emailed to you. You may give your signed complaint form to the Local DMV Office manager or you may send the form to the above address. 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 www.spb.ca.gov or in the phone directory.

California Department of Fair Employment and Housing (DFEH) on the web at www.dfeh.ca.gov or in the phone directory.

U. S. Equal Employment Opportunity Commission (EEOC) on the web at www.eeoc.gov or in the phone directory.



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

SECTION 1

COMPLAINANT'S NAME (PLEASE PRINT)*

| | | | |
|----------------------------|-----------------------|-------------------------------|--|
| DIVISION* | UNIT OR FIELD OFFICE* | WORK TELEPHONE NUMBER* () | EMAIL ADDRESS |
| HOME ADDRESS* | CITY* | STATE* | ZIP CODE* HOME TELEPHONE NUMBER* () |
| CLASSIFICATION* | CITY WHERE EMPLOYED* | 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**

ETHNIC CATEGORY (PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR RACE/ETHNICITY):*

- AMERICAN INDIAN OR ALASKAN NATIVE**—Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN**—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.
- BLACK**—Persons having origins in any of the black racial groups of Africa.
- FILIPINO**—Persons having origins in any of the original peoples of the Philippine Islands.
- HISPANIC**—Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- PACIFIC ISLANDERS**—Persons having origins in the Pacific Islands, such as Samoa.
- WHITE**—Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- OTHER (Specify)**

SECTION 2

Please read the protected basis/characteristic categories listed below. Please indicate the type of alleged harm you suffered in connection to that basis, and check the box of that particular category. Please read these carefully.

In accordance with State and Federal laws, 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
- 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

SECTION 2 (CONTINUED)

- DISABILITY** (including HIV and AIDS): Physical or mental disability
- MEDICAL CONDITION** (Cancer and genetic characteristics)
- AGE:** 40 or older (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
- DENIAL OF FAMILY AND MEDICAL CARE LEAVE (FMLA/CFRA):** Entitles eligible employees to take up to 12 weeks of unpaid, job protected leave each year, for specific family reasons
- POLITICAL AFFILIATION:** Membership or association with a political party or special interest group
- GENETIC INFORMATION**

SECTION 3

CHECK THE ALLEGED HARM OR TYPE OF ACTION TAKEN AGAINST YOU:

- Failure to appoint**
- Failure to promote**
- Working conditions/Differential treatment**
- Denial of reasonable accommodation**
- Hostile working environment**
- Harassment**
- Sexual harassment**
- *Retaliation/The EEO definition of retaliation is as follows: Individuals who are treated differently as a result of filing an EEO complaint, being involved in the EEO complaint process, or objecting to any discriminatory act.**
- Other/Please explain below:**

SECTION 4

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

If the offense occurred over one year ago, the Department may be unable to provide an EEO remedy. However, the Department may still take corrective or disciplinary action if the incident has occurred within three years.

SECTION 5

Why do you believe the unfair treatment was due to the category(ies) you selected in Section 2?
(For example, if others were treated differently give names and examples.)*

SECTION 5 (CONTINUED)

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.

SECTION 6

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 () |
| NAME (2)* | CLASSIFICATION | UNIT/FIELD OFFICE | TELEPHONE NUMBER () |

SECTION 7

Specify the remedy that you would like the Department to consider:*

SECTION 8

If you are a member of the public (customer), independent contractor, or vendor, you may skip this section and proceed to the signature line.

The California State Personnel Board has a mediation program that may enable you to voice your discrimination complaint concerns to neutral mediators. Through that mediation you may more quickly arrive at a resolution to your discrimination complaint.

If your complaint meets the criteria for mediation, would you be willing to try mediation through the SPB Mediation Program? Yes No

Have you filed a grievance regarding these allegations? Yes No

What is the current status of the grievance? 1st level 2nd level 3rd level N/A

Have you filed a complaint regarding these allegations with any other organization such as:

| | |
|--|------------|
| YOUR UNION (PLEASE INDICATE NAME) | DATE FILED |
| EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) | DATE FILED |
| DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING (DFEH) | DATE FILED |
| STATE PERSONNEL BOARD (SPB) | DATE FILED |
| OTHER | DATE FILED |

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 X | DATE |
|--------------------------------------|------|