

DISCRIMINATION COMPLAINT QUESTIONNAIRE

RETURN THIS FORM TO: Kern County Human Resources Equal Employment Opportunity Division 1115 Truxtun Avenue Bakersfield, CA 93301					
			Case File No.:		
1. Name (First/Middle/Last)					
Address (Street/Apt.No.)					
City		State		Zip	
Telephone Numbers:	(Work)		Ext.	(Home)	
2. Employment information: Are you currently employed by Kern County? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date Hired		Job Title			
Name of Supervisor					
Status: <input type="checkbox"/> Permanent Employee <input type="checkbox"/> Probationary <input type="checkbox"/> Extra Help					
3. Who discriminated against you?					
Department			Division/Supervisor		
The most recent date on which this discrimination took place (Mo/Day/Yr)					
4. Type of complaint: Discriminated against because of your					
<input type="checkbox"/> Race		<input type="checkbox"/> Religion		<input type="checkbox"/> Political Affiliation	
<input type="checkbox"/> Sex		<input type="checkbox"/> Disability		<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Age		<input type="checkbox"/> Marital Status		<input type="checkbox"/> Denial of Family Medical Care Leave	
<input type="checkbox"/> National Origin/Ancestry		<input type="checkbox"/> Union Affiliation		<input type="checkbox"/> Pregnancy Leave	
<input type="checkbox"/> Other (Please specify)					
By means of:					
<input type="checkbox"/> Differential treatment		<input type="checkbox"/> Termination			
<input type="checkbox"/> Denied Promotion		<input type="checkbox"/> Denied Employment			
<input type="checkbox"/> Other (Please specify)					
5. Have you filed this charge with a Federal, State or Local Government Agency?					
Yes <input type="checkbox"/> No <input type="checkbox"/> When (Mo/Day/Yr)					
6. Have you filed a Union grievance? Yes <input type="checkbox"/> No <input type="checkbox"/> When (Mo/Day/Yr)					

7. Have you attempted to resolve your problem by discussing the matter with a representative of Management? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, name of party(s) contacted and results:

(OVER)

8. Explain what unfair thing was done to you. How were other persons treated differently? (Provide names of persons involved, names of witness, dates, places)

9. What specific corrective action do you want taken to resolve your problem?

I hereby certify that all statements made and information provided in this questionnaire are true to the best of my knowledge and belief.

Signed: _____

Date:

Office Use Only

Interviewer:	Date of Interview:
Interviewer's Notes:	