



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. To help ensure immediate and appropriate action on any EEO issues, the DMV has provided a method for persons to electronically submit a Discrimination Complaint. This will enable DMV EEO Office staff to receive prompt notice of discrimination complaints and immediately begin addressing the matter. **Please note we will still need a signed copy.**

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 discrimination at the DMV are eligible to file a discrimination complaint with the DMV.

After completing this form, click on the "Submit Form" button at the top of the form. That will automatically send the complaint to the DMV EEO Office. After clicking on the "Submit Form" button, you will be presented with a completed form that can be printed with your web browser's PRINT feature. **You must print and mail the completed form (with an original signature) to:**

DMV – Equal Employment Opportunity Office
2570 24th Street, MS G115
Sacramento, CA 95818
Attn: EEO Officer

If you do not wish to complete this form electronically, 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 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:

FOR EMPLOYEES

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.

FOR MEMBERS OF THE PUBLIC/(CUSTOMER)

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

United States Department of Justice, Coordination and Review Section, on the web at www.usdoj.gov/crt/cor/complaint.htm 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 I

COMPLAINANT'S NAME (PLEASE PRINT)*			LAST FOUR DIGITS OF SSN	
DIVISION*	UNIT OR FIELD OFFICE*	WORK TELEPHONE NUMBER*	E-MAIL ADDRESS	
HOME ADDRESS*	CITY*	STATE*	ZIP CODE*	HOME TELEPHONE NUMBER*
CLASSIFICATION*	COUNTY WHERE EMPLOYED*			SEX*
IMMEDIATE SUPERVISOR/TITLE		SECOND LINE SUPERVISOR		

PLEASE SELECT THE BOX THAT BEST DESCRIBES YOU*

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

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 II

Law prohibits discrimination on the basis of the categories shown below. Please read the categories of discrimination listed below. If you have information to indicate that the type of discrimination you suffered was connected to that category, check the box of that particular category. Please read these carefully. Checking boxes that do not apply may delay your complaint.*

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: (pregnancy or gender) - Male or Female, and may also include pregnancy

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

SEXUAL HARASSMENT: Unwanted sexual advances or visual, verbal, or physical conduct of a sexual nature

MARITAL STATUS: Married, never married, divorced, separated, widowed, etc.

NATIONAL ORIGIN: (including language restrictions): National or cultural origin of a line or decent

ANCESTRY: National or cultural origin of a line or descent

DISABILITY (including HIV and AIDS): Physical or mental disability

MEDICAL CONDITION (cancer/genetic characteristics): Any health impairment related to or associated with a diagnosis of cancer or a record or history of cancer

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: _____

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

EQUAL PAY: Men and women be given equal pay for equal work in the same establishment

RETALIATION: Retaliation for filing an EEO discrimination complaint, involved in an EEO complaint, or for opposing illegal discriminatory employment practices

SECTION III

WHAT IS THE MOST RECENT DATE THAT THE DISCRIMINATION 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 IV

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

List the names, job titles and telephone numbers (if possible) of witnesses, co-workers, 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 V

Check the harm or type of action taken against you:

- Failure to appoint
- Failure to promote
- Working conditions
- Reprisal
- Denial of reasonable accommodation
- Hostile working environment
- Other/Please explain below:

(Use additional sheets if needed.)

SECTION VI

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 IV.

NAME (1):*	CLASSIFICATION	UNIT/FIELD OFFICE	TELEPHONE NUMBER
NAME (2):*	CLASSIFICATION	UNIT/FIELD OFFICE	TELEPHONE NUMBER

SECTION VII

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

SECTION VIII

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

If an EEO counselor assisted you, please give name of EEO counselor.

EEO COUNSELOR	DATE OF ASSISTANCE
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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	DATE
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