

***Do Not Submit This Page***

**Alameda County Complaint Form  
Instructions for Submittal of a Hard Copy (PDF)**

As indicated at the top of your Complaint Form, you may choose to submit your complaint to either your Agency/Department or the County's Diversity Programs Unit. Questions marked with a red asterisk are required. Save the form once you have completed it, and submit the saved document, a PDF. The Complaint Form can be submitted by email, interoffice mail, fax or by US Mail.

**Complaint PDF Submitted to Diversity Programs Unit**

Diversity Programs Unit  
1221 Oak Street, Suite 450  
Oakland, CA 94607  
**Internal County Mail to QIC:** 20204  
**Email:** [DiversityPrograms-Complaint-EEO@acgov.org](mailto:DiversityPrograms-Complaint-EEO@acgov.org)  
**Fax:** 510-208-4904

***or***

**Complaint PDF Submitted to Agency/Department**

**Email:** [Agency/Department Email List](#)  
**Internal County Mail, U.S. Mail or Fax:** For instructions, contact your [Agency/Department Diversity Coordinator](#)

# Alameda County Complaint Form

**\*Complaint is being filed with:**

Diversity Programs     Agency/Department

### CONFIDENTIALITY

Information provided on this form will be kept confidential to the extent possible and in compliance with applicable laws.

**I. PERSONAL INFORMATION**

Applicant     Alameda County Employee     Other

*Complainant Name		Race/ Ethnicity	Age	Gender, Gender Identity/Expression
Home Mailing Address		Home #	Work #	
Job Classification	Job Code	Current Salary	Working Title	Date Appointed to or Applied for Position:
<input type="radio"/> Manager <input type="radio"/> Non-Manager	Work Hours/ Schedule		*Preferred Method(s) of Contact & Contact Info:	
*Agency/Department		*Physical Work Location Address		<input type="checkbox"/> E-Mail: <input type="checkbox"/> Work #: <input type="checkbox"/> Other:
*Immediate Supervisor		Work #	QIC	Date of Incident

**II. RESPONDENT(S) INFORMATION**

Person(s)/Organization(s) you are complaining about.

Individual(s)

*Respondent(s) Name(s)	Respondent Job Title	Manager	Non-Manager	Department	Phone #
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

Agency/Department    Agency/Department Name    Phone #

Have you previously filed this complaint with another County Agency/Department?     YES     NO

If YES, specify which Agency/Department and provide date complaint was filed:

**III. \* PROTECTED CATEGORIES** [Check Appropriate Box(es)]:

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Age                           | <input type="checkbox"/> Gender              | <input type="checkbox"/> Medical Condition  | <input type="checkbox"/> Race            | <input type="checkbox"/> Sex and/or Sex Stereotypes |
| <input type="checkbox"/> Ancestry                      | <input type="checkbox"/> Gender Expression   | <input type="checkbox"/> Military/Veteran Status  | <input type="checkbox"/> Religion        | <input type="checkbox"/> Sexual Harassment          |
| <input type="checkbox"/> Color                         | <input type="checkbox"/> Gender Identity     | <input type="checkbox"/> National Origin  | <input type="checkbox"/> Religious Creed | <input type="checkbox"/> Sexual Orientation         |
| <input type="checkbox"/> Disability                    | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Political Affiliation  | <input type="checkbox"/> Retaliation     | <input type="checkbox"/> Transgender                |
| <input type="checkbox"/> Domestic Partnership          | <input type="checkbox"/> Marital Status      | <input type="checkbox"/> Pregnancy (Breastfeeding, childbirth and other medical condition related to pregnancy) |  |   |
| <input type="checkbox"/> Family & Medical Leave Status |  |   |  |   |

**IV. \* ISSUE(S)** [Check Appropriate Box(es)]:

- |   |  |  |  |                                |
|---|--|--|--|--------------------------------|
| <input type="checkbox"/> Assignments        | <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Loss of Employment Benefits | <input type="checkbox"/> Reasonable Accommodations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Appointment        | <input type="checkbox"/> Disparate Impact    | <input type="checkbox"/> Merit Increase              | <input type="checkbox"/> Retaliation               |                                |
| <input type="checkbox"/> Classification     | <input type="checkbox"/> Disparate Treatment | <input type="checkbox"/> Promotion                   | <input type="checkbox"/> Sick Leave                |                                |
| <input type="checkbox"/> Demotion           | <input type="checkbox"/> Failure to Promote  | <input type="checkbox"/> Reduction in Force/Layoffs  | <input type="checkbox"/> Termination               |                                |
| <input type="checkbox"/> Denial of Training | <input type="checkbox"/> Harassment          | <input type="checkbox"/> Reinstatement               | <input type="checkbox"/> Transfer                  |                                |

**V. \* Briefly describe the circumstances that lead you to believe that you have been discriminated against.**    If you need more space, attach separate sheet(s).

**VI. List the corrective measures or actions you are seeking.**

\*  By Checking this box, I hereby certify that all information submitted on this County Complaint Form is true and correct.

Complainant's Signature

\*Date

**For Questions Contact: Diversity Programs at 510.272.3895 (Tie line 23895) or Departmental Diversity Coordinator**