

DISCRIMINATION/HARASSMENT COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant Name:		
Home Address:		
City:	State:	Zip Code:
Classification:		Division/Unit:
Home Telephone Number:		Work Telephone Number:

BASIS OF COMPLAINT

1. Select a protected category or activity that best identifies the basis of your allegation of discrimination, harassment, or retaliation:
- a. Race
 - b. Religion
 - c. Religious Creed (Including religious dress and grooming practices)
 - d. Color
 - e. Age (40 years old and over)
 - f. Sex (Which includes pregnancy, childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth, or breastfeeding)
 - g. Sexual Orientation
 - h. Gender
 - i. Gender Identity
 - j. Gender Expression
 - k. Genetic Information or Characteristics
 - l. National Origin (Including language use restrictions)
 - m. Citizenship
 - n. Ancestry
 - o. Marital Status
 - p. Medical Condition (Includes cancer, cancer related illness, or genetic characteristics)
 - q. Disability (Physical, mental, or perceived)
 - r. Military and Veteran Status

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- s. Protected Medical Leaves (Including requesting, or approved for, leave under Family Medical Leave Act, or the California Family Rights Act)
- t. Domestic Violence Victim Status
- u. Political Affiliation
- v. Request for, or Participating in, the Reasonable Accommodation Process
- w. Reporting or Assisting in Reporting Suspected Violation of this Policy (Includes cooperating in investigations or proceedings arising out of a violation of this policy)
- x. Sexual Harassment

PERSON AND/OR ENTITY YOU ARE COMPLAINING ABOUT

Name of Person You Are Complaining About:	
Classification:	Division/Unit:
Immediate Supervisor:	

DESCRIPTION OF DISCRIMINATION/HARASSMENT

1. Please check the box that best describes the harm or type of action taken against you:
 - a. Denial of Reasonable Accommodation
 - b. Disciplinary Action
 - c. Failure to Appoint
 - d. Failure to Promote
 - e. Harassment/Hostile Work Environment
 - f. Retaliation
 - g. Working Conditions
 - h. Other, please explain:
2. What happened to you? How do you believe you were discriminated, harassed, or retaliated against?
3. Why do you believe you are being discriminated, harassed, or retaliated against?

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4. Where did the alleged act of discrimination, harassment, or retaliation occur?

5. When did the last alleged act of discrimination, harassment, or retaliation occur? Please be as specific as possible on this date, and indicate whether the discrimination, harassment, or retaliation was continuous or is still ongoing.

6. Who witnessed or has knowledge of the alleged act of discrimination, harassment, or retaliation? Please list the names of any and all witnesses.

7. How were you affected by the alleged acts of discrimination, harassment, or retaliation?

8. Were other individuals subjected to the same alleged discriminatory, harassment, or retaliation conduct? If so, please provide names and telephone numbers, if possible.

9. What would you like California Air Resources Board (CARB) to do as a result of your complaint? In other words, what remedy would you like CARB to consider?

STATEMENT OF CONFIDENTIALITY

To the extent possible, CARB will make every effort to keep the reporting employee's concerns confidential; however, complete confidentiality cannot be guaranteed when it interferes with CARB's ability to fulfill its obligations under this policy. Upon completion of the investigation, if misconduct is substantiated, CARB will take appropriate corrective action to end the prohibited conduct, up to and including formal discipline.

ASSURANCE AND SIGNATURE

I affirm that the above information is true to the best of my knowledge, information, and belief.

Complainant Signature:	Date:
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INSTRUCTIONS

This form should be used when filing a complaint of discrimination, harassment, or retaliation and should be discussed with the Equal Employment Opportunity (EEO) Officer.

All complaints should be filed with CARB's EEO Office located at 1001 I Street, Sacramento, CA 95814.

You may contact CARB's EEO Office by phone at (916) 323-7053, or by fax at (916) 445-6531.

Please answer all questions that may apply to your situation. You may use additional paper if space is needed. If you have any documents that support your complaint, please attach them to this Discrimination/Harassment Complaint Form.

COMPLAINANT INFORMATION:

Write your legal name, home address including city, state, and zip code, home telephone number, classification (i.e., Staff Services Analyst), division/section, and work telephone number.

BASIS OF COMPLAINT:

From the list provided, select a protected category or activity that best identifies the basis of your allegation of discrimination, harassment, or retaliation.

PERSON AND/OR ENTITY YOU ARE COMPLAINING ABOUT:

Provide the complete name, division/section, classification, and supervisor's name of the person that you are complaining against. If there is more than one person you are complaining about, please list the others on a separate sheet of paper.

DESCRIPTION OF DISCRIMINATION/HARASSMENT:

1. Check the box(es) that best describes the harm or type of action taken against you.
2. "What happened to you", provide in succinct detail each action that you believe was harmful to you. For example, "I was terminated" or "I was disciplined more harshly," etc. If you need additional space, please provide your answer to this question in a separate sheet of paper.
3. "Why do you believe you are being discriminated, harassed, or retaliated against" provide in succinct detail the cause or basis for your complaint. You must provide a cause for the harmful action. For example, "I was terminated from my job because of my disability. A non-disabled individual was given my job." In this example, the disability is the alleged cause for the termination. Then list the reasons why you believe your disability or another protected group category listed above was the cause for the harmful action. If you need additional space, please provide your answer to this question in a separate sheet of paper.
4. "Where did the alleged act of discrimination, harassment, or retaliation occur", provide in succinct detail the exact place or location the harmful acts occurred. For example, "I was sexually harassed in the Sacramento headquarters building, on the second floor, in office xx-xx.
5. "When did the alleged act of discrimination, harassment, or retaliation occur", provide when the harmful acts occurred with as much specificity as you can. For example, "I was discriminated against on December 31, 2012." Then please provide, if applicable, any other continuing acts of discrimination. For example, "I was discriminated against on December 31, 2012 and the

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discrimination continued on June 7 and on August 8, 2013. Finally, please set forth whether the discrimination, etc., is continuing.

6. "Who witnessed or has knowledge of the alleged act of discrimination, harassment, or retaliation", provide, if you can, the full name, telephone number, email, and work location of the individual who witnessed or has knowledge of the harmful acts.
7. "How were you affected by the discrimination, harassment, or retaliation" provide in succinct detail the effect the harmful acts had on you. In other words, state how you were negatively impacted. For example, "As a result of the sexual harassment, I could not come to work, avoided any place where the harasser was, and sought therapy."
8. "Were other individuals subjected to the same alleged discriminatory, harassment, or retaliation" provide, if you can, the names, telephone number, email, and work location of any other individuals that may have been subjected to the same harm as you allege. In addition, please state how you were treated differently.
9. "What would you like CARB to do", state what you would prefer CARB to do to stop the alleged discrimination, harassment, or retaliation.

ASSURANCE AND SIGNATURE:

Read and affirm the statement by checking the box provided. Sign your name and write the date in which you signed this form.