

**SECTION 1 - COMPLAINANT INFORMATION** *(Individual Filing the Complaint)*

Your relationship to the Department of Justice *(Please select one)*:

☐ Current Employee      ☐ Former Employee      ☐ Non-Employee      ☐ Job Applicant

<b>FULL NAME:</b>	<b>CLASSIFICATION:</b>	<b>DIVISION/PROGRAM:</b>
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<b>BUREAU/SECTION/UNIT OR OTHER AGENCY:</b>	<b>WORK LOCATION</b> <i>(City)</i> :	<b>WORK TELEPHONE</b> <i>(Include area code)</i> :
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<b>ALTERNATE PHONE NUMBER</b> <i>(Include area code)</i> :	<b>EMAIL ADDRESS:</b>
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**HOME ADDRESS** *(Street, City, ZIP code )*:

<b>IMMEDIATE SUPERVISOR</b> <i>(Name/Title)</i> :	<b>SECOND LINE SUPERVISOR</b> <i>(Name/Title)</i> :
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Are you filing on behalf of another person? ☐ Yes ☐ No

*(If yes, print the full name/title of impacted person)*

**SECTION 2 - INDIVIDUAL(S) ALLEGED TO HAVE COMMITTED DISCRIMINATION, HARASSMENT, AND/OR RETALIATION**

<b>RESPONDENT'S NAME:</b>	<b>RELATIONSHIP TO COMPLAINANT:</b>
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<b>RESPONDENT'S NAME:</b>	<b>RELATIONSHIP TO COMPLAINANT:</b>
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**SECTION 3 - COMPLAINT INFORMATION**

*A discrimination complaint must be filed within three years from the last date upon which the alleged violation(s) occurred.*

The alleged violation occurred as recently as: \_\_\_\_\_

**BASIS(ES) OF COMPLAINT:**

If you are filing a Discrimination or Harassment complaint, indicate the protected characteristic(s) that was/were the basis(es) of the alleged discrimination or harassment

<input type="checkbox"/> AGE (40 OR OLDER)	<input type="checkbox"/> MARITAL STATUS
<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> MEDICAL CONDITION: illness, injury, etc. (including cancer)
<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN
<input type="checkbox"/> DENIAL OF FAMILY AND/OR MEDICAL LEAVE	<input type="checkbox"/> RACE (including hairstyle or texture)
<input type="checkbox"/> DENIAL OF REASONABLE ACCOMMODATION*	<input type="checkbox"/> RELIGION
<input type="checkbox"/> DISABILITY (including physical, mental, visible, non-visible)	<input type="checkbox"/> REPRODUCTIVE HEALTH DECISIONS
<input type="checkbox"/> GENDER EXPRESSION	<input type="checkbox"/> SEX/GENDER (including sexual harassment or pregnancy)
<input type="checkbox"/> GENDER IDENTITY	<input type="checkbox"/> SEXUAL ORIENTATION
<input type="checkbox"/> GENETIC INFORMATION	<input type="checkbox"/> VETERAN/MILITARY STATUS (including military leave)

Describe the specific harm you have suffered resulting from the incident(s).

<input type="checkbox"/> Demotion	<input type="checkbox"/> Denied Promotion	<input type="checkbox"/> Denied Transfer	<input type="checkbox"/> Differential Treatment	<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> Harassment <i>(including Sexual Harassment)</i>	<input type="checkbox"/> Not Hired	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Termination	<input type="checkbox"/> Other <i>(explain in Section 4)</i>

**SECTION 4 - EXPLANATION OF DISCRIMINATION**

Please explain how the protected group selected in Section 3 correlates with the harm you've selected in Section 3 (be specific). If EER&R does not receive enough information to determine a prima facie\*\* case exists, a finding of no jurisdiction may be made and the complaint may not be investigated. Attach additional pages, if necessary.

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If the complaint is based on sexual harassment, was the alleged harassment reported to the employer?\*\*\* ☐ Yes ☐ No  
If yes, what was the date the employer was informed? Date \_\_\_\_\_

What action, if any, did the employer take concerning the allegation of sexual harassment?

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If the complaint is based on retaliation, did the individual harmed\*\*\*\* participate in a prior complaint of discrimination, file a prior complaint of discrimination, or oppose an event of discrimination in the workplace? ☐ Yes ☐ No

**SECTION 5 - WITNESSES WHO HAVE EVIDENCE OF ALLEGED DISCRIMINATION**

WITNESS' FULL NAME	PHONE NUMBER/EMAIL	EVIDENCE THEY CAN PROVIDE
WITNESS' FULL NAME	PHONE NUMBER/EMAIL	EVIDENCE THEY CAN PROVIDE

**SECTION 6 - STEPS TOWARD REMEDY**

Was this matter discussed with any of the following (*Check all that apply*):

☐ Your supervisor ☐ An EER&R Analyst \_\_\_\_\_ ☐ Other (please specify)

What did you or others do to try to resolve the issue? What was the outcome?

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Describe the outcome(s) you desire from filing your complaint. Be as specific as possible.

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Do you have any documents that support your complaint? ☐ Yes ☐ No (*If yes, please list and attach copies*)

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**SECTION 7 - DECLARATION/SIGNATURE**

*I declare that all the information I have provided is true and correct to the best of my knowledge.*

PRINTED NAME

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SIGNATURE

DATE:

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**This form and any attachments should be submitted in a sealed envelope to:**  
**Equal Employment Rights and Resolution Office**  
**1300 I Street, Sacramento, CA 95814**

**or via email to: [EERROffice@doj.ca.gov](mailto:EERROffice@doj.ca.gov)**

**INSTRUCTIONS FOR  
COMPLETING THE DISCRIMINATION COMPLAINT FORM**

The California Department of Justice (DOJ) is committed to providing a workplace in which all individuals are treated with respect and professionalism. It is the policy of the DOJ, as required by federal and state laws, to provide a work environment free of discrimination. Please refer to the DOJ's [Equal Employment Opportunity \(EEO\) policy bulletins](#) and [Administrative Manual, Chapter 7](#). This form may be used by a current or former DOJ employee, a job applicant applying for a position within DOJ, a non-DOJ individual who interacted with a DOJ employee/program, or a DOJ supervisor on behalf of a complainant to record and report possible discrimination. A discrimination complaint must be filed within three years of the last *date upon which the alleged violation(s) occurred*.

DOJ employees or job applicants may also file a discrimination complaint with the U.S. Equal Employment Opportunity Commission (EEOC) and/or California Civil Rights Department (CRD). A discrimination complaint must be filed with the EEOC within 180 days (may be extended to 300 days if the charge is also covered by a state or local anti-discrimination law) and with CRD within three years of the last date upon which the alleged violation(s) occurred.

**PROTECTION AGAINST RETALIATION** - It is illegal for an employer to retaliate against a person for filing or participating in a discrimination complaint, or demonstrating opposition to discrimination in the workplace. When filing a discrimination complaint, DOJ employees have the right to confidentiality. The DOJ will make every effort to ensure that confidentiality is maintained, to the extent possible, in accordance with the applicable federal and state laws. **PLEASE SUBMIT THE COMPLETED DISCRIMINATION COMPLAINT FORM AND ATTACHMENTS IN A SEALED ENVELOPE TO: EQUAL EMPLOYMENT RIGHTS AND RESOLUTION OFFICE, 1300 I STREET, SACRAMENTO, CA 95814 or via email at: EERROffice@doj.ca.gov.**

**After review of your complaint, an analyst from the Equal Employment Rights and Resolution (EER&R) Office will contact you to provide information on alternate methods for resolution (i.e., informal consultation and/or formal mediation).**

**SECTION 1 - COMPLAINANT INFORMATION (Individual Filing the Complaint)**

**RELATIONSHIP TO THE DEPARTMENT:**

Please identify your relationship to DOJ. "Non-employee" may include a vendor, client, member of the public, or employee from another state department.

**REPORTING EMPLOYEE'S FULL NAME:**

Please do not use initials (except middle name) or nickname. Enter your full name.

**CLASSIFICATION:**

If you are a current DOJ employee, please indicate your classification. For example, Associate Governmental Program Analyst, Staff Services Analyst, Office Technician, Program Technician, etc.

**DIVISION/PROGRAM:**

Please provide DOJ the division/program in which you work or, for job applicants, to which you applied.

**BUREAU/SECTION/UNIT OR OTHER AGENCY:**

Please provide the name of the DOJ bureau/section/unit in which you work or, for job applicants, to which you applied, or your current agency/department/company if not DOJ.

**WORK LOCATION:**

Please provide the name of the city in which you work.

**WORK TELEPHONE:**

Please provide your work phone number and area code.

**ALTERNATE PHONE NUMBER:**

Please provide a phone number and area code other than your work phone number where you can be reached; you may include a cell or home phone number.

STATE OF CALIFORNIA  
**DISCRIMINATION COMPLAINT FORM**

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DEPARTMENT OF JUSTICE

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**HOME ADDRESS:**

Please provide your personal mailing address, including street name (or Post Office Box), City, State, and ZIP. Please do not enter "On File."

**IMMEDIATE SUPERVISOR'S NAME AND TITLE/CLASSIFICATION:**

Please provide the name of your immediate or first line supervisor. Indicate their job title and/or classification.

**SECOND LINE SUPERVISOR'S NAME AND TITLE/CLASSIFICATION:**

Please provide the name of the supervisor next in line in your chain of command. Indicate their job title and/or classification.

**Are you filing on behalf of another person? (Check "Yes" or "No"). If yes, provide their full name and title**

You may file a complaint on the behalf of another employee who you believe is experiencing discrimination, harassment, or retaliation in the workplace.

**SECTION 2 - INDIVIDUAL(S) ALLEGED TO HAVE COMMITTED DISCRIMINATION, HARASSMENT AND/OR RETALIATION**

**RESPONDENT'S NAME:**

Please provide the full name of the person(s) who is alleged to have discriminated, harassed, or retaliated against the complainant or the individual on whose behalf this complaint has been filed. Please use additional attachments if necessary.

**RELATIONSHIP TO IMPACTED EMPLOYEE:**

Please provide how the respondent(s) is related to the complainant or the individual on whose behalf this complaint has been filed (i.e., supervisor, employee, colleague, vendor, other state employee, etc.).

**SECTION 3 - COMPLAINT INFORMATION**

A discrimination complaint must be filed within three years from the last date upon which the alleged violation(s) occurred. Please provide the most recent date on which the alleged violation occurred.

**BASIS(ES) OF COMPLAINT:**

If you are filing a discrimination or harassment complaint, indicate the protected characteristic(s) that was/were the basis(es) of the alleged discrimination or harassment.

\* If you checked the Disability or Denial of Reasonable Accommodation box and have completed a Request for Reasonable Accommodation, please attach a copy to your complaint.

**Describe the specific harm you have suffered resulting from the incident(s):**

Using the check boxes available, select all that apply to the alleged violation.

**SECTION 4 - EXPLANATION OF DISCRIMINATION**

**Please explain how the protected group selected in Section 3 correlates with the harm you've selected in Section 3 (be specific). If EER&R does not receive enough information to determine a prima facie\*\* case exists, a finding of no jurisdiction may be made and the complaint may not be investigated.**

\*\*The term "prima facie" refers to the existence of evidence that on first appearance is sufficient to establish a fact or case, absent other information or evidence to disprove or explain the initial evidence.

Please provide specific examples, which may include quotes, emails, and/or other documented communication. Please use additional attachments if necessary.

**If the complaint is based on sexual harassment, was the alleged harassment reported to the employer\*\*\*? (Check "Yes" or "No")**

\*\*\*The employer may include someone acting on behalf of the DOJ in a leadership role, such as a manager or supervisor.

**If yes, what was the date the employer was informed?**

Provide the date when you or another person informed the employer about the alleged sexual harassment.

**What action, if any, did the employer take concerning the allegation of sexual harassment?**

Please explain, to the best of your knowledge, the actions that took place after the employer was informed about the alleged sexual harassment. Please use additional attachments if necessary.

**If the complaint is based on retaliation, did the individual harmed\*\*\*\* participate in a prior complaint of discrimination, file a prior complaint of discrimination, or oppose an event of discrimination in the workplace? (Check "Yes" or "No")**

\*\*\*\*The individual harmed is the complainant or the person on whose behalf the complaint has been filed.

**SECTION 5 - WITNESSES WHO HAVE EVIDENCE OF ALLEGED DISCRIMINATION**

**WITNESS' FULL NAME:**

Please provide the full name(s) of witnesses who may be able to provide evidence that supports the claim of alleged discrimination or harassment. A witness may be an employee or a non-employee. Please use additional attachments if necessary.

**PHONE NUMBER/EMAIL:**

Please provide a phone number with area code and/or email for each witness listed.

**EVIDENCE THEY CAN PROVIDE:**

Briefly provide information about the evidence each witness may be able to provide (i.e., observed incident, emails, etc.).

**SECTION 6 - STEPS TOWARD REMEDY**

**Was this matter discussed with any of the following? (Check all that apply):**

Please indicate with whom (if anyone) you spoke about your concerns prior to filing a formal complaint. If you mark, "An EER&R Analyst" or "Other" please enter their name(s) in the space provided.

**What did you or others do to try to resolve the issue? What was the outcome?:**

Please explain how you individually, or with the support of your chain of command or the EER&R Office, attempted to resolve your concern(s) prior to filing a formal complaint. Include all parties involved, dates, and steps taken. Please explain the outcome of your attempt(s) to resolve the concern(s). Please use additional attachments if necessary.

**Describe the outcome(s) you desire from filing your complaint. Be as specific as possible.:**

Please describe the outcome you are seeking by engaging in the formal complaint process. Please be as specific as possible and include who, what, how, and why. Please use additional attachments if necessary.

**Do you have any documents that support your complaint? (Check "Yes" or "No"):**

Please indicate whether or not you have documentation that supports the allegation(s) of your complaint. If so, please list them in the space provided and attach to the complaint form with your submission. This may include emails, timesheets/leave cards, documentation of events, performance appraisals, etc. Please use additional attachments if necessary.

**SECTION 7 - DECLARATION/SIGNATURE**

Please enter your full name, sign and date the form.

## Privacy Notice As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The Equal Employment Rights and Resolution (EER&R) Office in the Department of Justice (Department), Directorate Division, collects the information requested on this form pursuant to the authority of California Government Code section 12940(k) which requires that an employer take all reasonable steps necessary to prevent discrimination and harassment from occurring. The EER&R Office uses this information to review complaints alleging discrimination or harassment and to initiate investigations. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department's general privacy policy is available at <https://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the information requested in the Discrimination Complaint Form must be provided. This includes the information requested under Section 1 (Complainant Information) and Section 3 (Complaint Information).

**Access to Your Information.** You may review the records maintained by the EER&R Office that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to take reasonable steps necessary to prevent discrimination or harassment within the Department, the EER&R Office may need to share the information within the Department.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the EER&R Office at (916) 210-7580 or email your question to [EERROffice@doj.ca.gov](mailto:EERROffice@doj.ca.gov).