

ODCR | Office of Discrimination Complaint Resolution

700 E. Temple Street, Room 380 • Los Angeles, CA 90012 • Telephone: (213) 473-9123 • Fax: (213) 473-9113



Please complete this form to file a discrimination complaint. The information in this complaint will be shared with the City department or contractor involved. **PLEASE PRINT.**

LAST name: _____ Employee ID: _____

FIRST name: _____ Class Title: _____

Are you currently employed by the City of Los Angeles or a City Contractor? Yes No Leave of Absence

Current Department: _____

I believe I was discriminated against based on (check all that apply):

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> AIDS/HIV (actual or perceived) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex/Gender |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Physical Disability (actual or perceived) | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Mental Disability (actual or perceived) | <input type="checkbox"/> Non-EEO issue |
| <input type="checkbox"/> Military/Active Duty/Veteran Status | <input type="checkbox"/> Age | |
| <input type="checkbox"/> Retaliation for having filed or served as a witness in a discrimination complaint or otherwise opposing discrimination. | | |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> None of the above | | |

As a result of the above, I experienced the following actions or events (check all that apply):

- | | | |
|---------------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Comments/Remarks | <input type="checkbox"/> Non-Selection | <input type="checkbox"/> Denial of FMLA |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Disparate Treatment | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Hostile Work Environment | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Job Assignment | <input type="checkbox"/> Non-Accommodation | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Reassignment | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Termination/Layoff |
| <input type="checkbox"/> Transfer | | |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> None of the above | | |

What department are you filing against? _____

FOR DEPARTMENT USE ONLY

<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	Case Number: _____	Date Received Stamp: _____
	Assigned Investigator: _____	

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CONTACT INFORMATION

Preferred form of contact (please check all that apply)

Address: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Cell Phone: _____

Race: _____

Age: _____

National Origin: _____

Gender: Male Female

When did this happen? Please list the date(s) of the incident(s) of discrimination or harassment:

Name(s) of the person(s) who discriminated against you:

For department use only:

LAST Name	FIRST Name	
Department		
LAST Name	FIRST Name	
Department		
LAST Name	FIRST Name	
Department		
LAST Name	FIRST Name	
Department		

What remedy do you suggest for this complaint?

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In the space below, please describe the actions or events of discrimination. Explain why you feel you are being discriminated. Wherever possible, provide the names of the people involved and any witnesses, as well as the date(s) and location(s) of each event. Use additional sheets if necessary.

Signature: _____

Date: _____