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):

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

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

☐ Comments/Remarks
☐ Sexual Harassment
☐ Hostile Work Environment
☐ Job Assignment
☐ Reassignment
☐ Transfer
☐ Non-Selection
☐ Disparate Treatment
☐ Retaliation
☐ Non-Accommodation
☐ Evaluation
☐ Denial of FMLA
☐ Discipline
☐ Demotion
☐ Suspension
☐ Termination/Layoff
☐ Other: ____________________
☐ None of the above

What department are you filing against? ____________________

FOR DEPARTMENT USE ONLY

☐ Walk-In ☐ Mail ☐ Fax ☐ E-mail	Case Number: Assigned Investigator:	Date Received Stamp:

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CONTACT INFORMATION

Address: ______________________

____

E-Mail: ______________________

Preferred form of contact (please check all that apply)

☐ Home Phone: ______________________

☐ Work Phone: ______________________

☐ Cell Phone: ______________________

Race: ______________________

National Origin: ______________________

Age: ______________________

Gender: ☐ Male ☐ Female ☐ Non-Binary

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:

LAST Name	FIRST Name	***For department use only:***
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: ______________