

**COUNTY OF SAN DIEGO  
CHIEF ADMINISTRATIVE OFFICE  
OFFICE OF INTERNAL AFFAIRS  
DISCRIMINATION COMPLAINT FORM**

Federal and State laws provide procedures for the filing of complaints against employers on the basis of race, color, religious creed, sex, age, national origin, ancestry, handicap, medical condition and/or marital status. In the interest of both the employee and the County of San Diego, a specific procedure has been established to attempt to resolve such complaints with the County to afford immediate relief to complainants where it is warranted. This procedure is not intended to prohibit job applicants who are non-County employees nor County employees from filing complaints of discrimination with the Department of Fair Employment and Housing (DFEH), the Equal Employment Opportunity Commission (EEOC), the Civil Service Commission or the Courts.

An employee of the County of San Diego or a job applicant claiming to be aggrieved by a discriminatory practice may file with the Office of Internal Affairs (Office) a signed complaint on the attached Internal Discrimination Complaint Form. Complaints must be filed within sixty (60) calendar days after the complainant had knowledge of the alleged discriminatory practice, but not later than one year after the alleged discriminatory practice occurred. The Office has no authority to provide any remedy for the complainant.

Any reprisal action taken against County employees, applicants or witnesses, because of the filing of a complaint, is strictly prohibited by Government Code Section 53298.

Complaints should be filed with the Office of Internal Affairs either by personal delivery or ordinary mail to the following address:

County of San Diego  
Office of Internal Affairs  
1600 Pacific Highway, Room 400  
San Diego, California 92101-2472

Additional questions regarding the filing of discrimination complaints should be directed to the Office of Internal Affairs at (619) 531-5174.

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**INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM:**

Please fill out all sections of the complaint form as completely and thoroughly as possible and include all of the requested information. This information is necessary for the determination of the Office's jurisdiction over your complaint. Additionally, the Authorization of Investigation and Release of Records Form must be signed and submitted in order for an investigation to be initiated.

**COUNTY OF SAN DIEGO  
OFFICE OF INTERNAL AFFAIRS**

**INTERNAL DISCRIMINATION COMPLAINT FORM**

Date Filed: \_\_\_\_\_

**COMPLAINANT:**

Name \_\_\_\_\_ Class/Title \_\_\_\_\_

Home Address (Complete) \_\_\_\_\_ Home Phone \_\_\_\_\_

Ethnicity/Race \_\_\_\_\_ Employee ID No. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**PRESENTLY WORKING:**

Department \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address (Complete) \_\_\_\_\_ Work Phone \_\_\_\_\_

**BASIS OF COMPLAINT:** Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Disability \_\_\_\_\_

Nat'l. Origin/Ancestry \_\_\_\_\_ Other \_\_\_\_\_

**DATE ALLEGED DISCRIMINATORY ACTION OCCURRED:** \_\_\_\_\_

**NATURE OF COMPLAINT** (Please list or itemize the facts of how you were discriminated. Be specific.

Include the date, time, place, individual involved, etc. Attach additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on next page)

**NATURE OF REMEDY** (Please indicate what you would like to accomplish by this complaint and/or what you would like to see happen to resolve or settle this complaint.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have filed a complaint based on the same facts with any of the following entities, please indicate which and give date of filing. (Please note that if you have done so, this precludes the Office of Internal Affairs (OIA) from accepting and investigating your complaint. This applies to any complaint that you have initially filed with OIA, and which you file thereafter with an external agency.)

Department/Agency: DFEH \_\_\_\_\_<sup>Date</sup> EEOC \_\_\_\_\_<sup>Date</sup> DOJ \_\_\_\_\_<sup>Date</sup>  
Civil Service Commission \_\_\_\_\_ Other, specify \_\_\_\_\_

IF ANY OF THE ABOVE IS MARKED, WHAT IS THE STATUS? \_\_\_\_\_

\_\_\_\_\_  
Signature of Internal Affairs Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date



**AUTHORIZATION OF INVESTIGATION  
AND  
RELEASE OF RECORDS FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, having alleged discriminatory treatment by the Department of \_\_\_\_\_, authorize the Office of Internal Affairs (OIA) and its authorized agents to investigate said allegation(s), per Administrative Manual Item Number 0080-03-2a. I hereby authorize the County of San Diego, the Department of Human Resources, and the Department(s) of \_\_\_\_\_ to release to OIA and its agents all County personnel, payroll, medical and other records pertaining to me, for OIA's inspection, recording and photocopying.

\_\_\_\_\_

Signature

## **PROHIBITION AGAINST RETALIATION**

The County of San Diego's Office of Internal Affairs, herein referred to as "OIA," is authorized to investigate complaints that are filed against the County of San Diego and/or its officers, employees or agents.

In order to investigate issues raised in complaints of alleged unethical or illegal conduct, OIA is authorized to interview all necessary and relevant parties. Please be aware that:

The investigation of complaints is a serious matter. Your full cooperation is necessary and expected. You are required to provide full and honest answers. Do not discuss the interview with anyone else.

**Retaliation is against the law.** Pursuant to County policy and procedure, and state and federal law, no County officer or employee shall retaliate (e.g., an act of intimidation, restraint, coercion or discrimination) against any County officer or employee, or applicant for County employment who files a complaint of alleged employment discrimination. Additionally, retaliation shall not be taken against any County officer or employee who participates as a witness during the course of an investigation. If you feel that you are the victim of retaliation, please contact OIA immediately.

Name: \_\_\_\_\_ Date: \_\_\_\_\_