



City of Los Angeles – Personnel Department EQUAL EMPLOYMENT OPPORTUNITY DIVISION Complaint Form



The City of Los Angeles is committed to maintaining a discrimination free workplace for all employees and applicants for employment. The EEO Division of the Personnel Department addresses internal complaints of discrimination, harassment, retaliation, and other inappropriate workplace conduct. We take all complaints seriously and we handle all investigations with discretion, sensitivity, and due concern for the dignity of those involved. If you have any reason to believe that you have been subjected to discrimination, harassment, and/or retaliation, you can use the **MyVoiceLA.org** portal to submit a complaint online, call 213-473-9100, or submit this form via:



Email per.eeo.ciu@lacity.org



Personnel Department
Equal Employment Opportunity Division
700 E. Temple Street, Room 380
Los Angeles, CA 90012



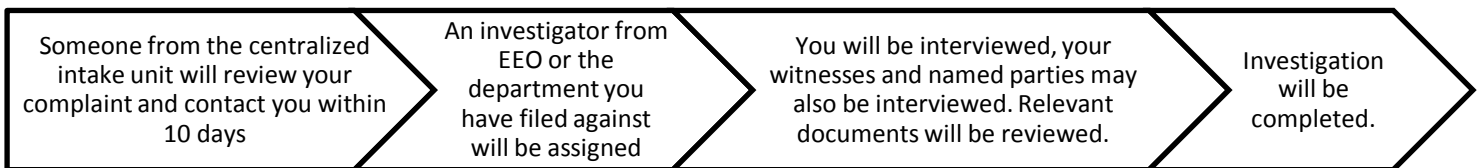
Fax 213-473-9113

Or Personnel/EEO, Mail Stop 391

It is important to report any incident that may be considered discrimination, harassment, and/or retaliation to protect yourself and your colleagues from further incidents, and to create a record of incidents close to when they take place.

If you are not sure about submitting a complaint you can speak to someone at EEO confidentially by calling 213-473-9100 or coming to the address listed above.

After you report, you can expect:



About You – Please let us know your preferred contact information

I would like to remain anonymous

While we will do everything possible to honor your request for anonymity, in some cases the investigation process may result in your identity being disclosed by parties related to the incident you are reporting. Anonymous reports will be investigated to the greatest extent possible, taking into account the information provided in the report.

Name:

Employee ID:

Your status:

City Employee

City Contractor

City Commissioner

City Volunteer or Intern

Applicant for City Employment

Private Party filing against a City Department or Employee

Your current Department or Agency:

Address: Home Work

Please check your preferred number:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Your Report - Please provide details of the incident, and the individual(s) you are filing against

Individual(s) you are filing against:

Last Name	First Name
Department	

Last Name	First Name
Department	

Last Name	First Name
Department	

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

In the space below, please describe the actions or events you are reporting. Explain why you feel that harassment or discrimination has occurred. Wherever possible, provide the names of any witnesses and location(s) of each event. Use additional sheets if necessary.

I believe I experienced (check all that apply):

- Bullying Discrimination Harassment (General) Hazing
 Inappropriate Conduct Retaliation Sexual Harassment

I believe the act or actions taken against me are based on (check all that apply):

- Race Sexual Orientation Age
 Color Genetic Information AIDS/HIV (actual or perceived)
 Ancestry Marital Status Sex/Gender
 National Origin Medical Condition Pregnancy
 Religion Physical Disability (actual or perceived) Gender Identity
 Creed Mental Disability (actual or perceived) Gender Expression
 Military/Active Duty/Veteran Status 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 Non-Selection Denial of FMLA
 Sexual Harassment Disparate Treatment Discipline
 Hostile Work Environment Retaliation Demotion
 Job Assignment Non-Accommodation Suspension
 Reassignment Evaluation Termination/Layoff
 Transfer None of the above
 Other _____

What remedy do you suggest for this complaint?

I confirm that the information and statements I have provided are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

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:	