

**CALIFORNIA MILITARY DEPARTMENT
STATE DISCRIMINATION COMPLAINT FORM**

Privacy Act Statement

Informal Formal

1. **Authority:** Title VII of the Civil Rights Act of 1964, as amended, Title 2, California Government Code, and the California Military Veterans Code Sections 101, 130, and 163.
2. **Principal Uses:** Used by California Military Department employees and Service Members in filing a complaint of discrimination.
3. **Routine Uses:** Used by California Military Department in accepting or dismissing complaints and when directing investigation. The form becomes a part of the official complaint file. This information may be disclosed to other California Military Department Officials, Equal Employment Opportunity Commission, state or federal courts for reviews, decisions, and appeals of decisions. The California Military Department is the official custodian of record.
4. **Disclosure:** Disclosure is voluntary. A complainant in filing a formal complaint of discrimination must complete this form. It is not mandatory in that complaints of discrimination will be accepted if submitted in other formats. Failure to provide information as specified may result in delay or dismissal of a complaint.

INSTRUCTIONS

To Be Completed By Complainant
Submit to the California Military Department Equal Opportunity Officer

Any California Military Department member or applicant who believes that he or she has been discriminated against because of age (40 and over, subject to limitations for CMVC 142 and 167 status), Ancestry / National Origin, Disability (Mental and Physical), Gender Identity / Gender Expression, Genetic Information, Marital Status, Medical Condition, Military and Veteran Status, Race / Color, Religion / Creed, Sex – Gender (including pregnancy, childbirth, breastfeeding or related medical conditions), Sexual Orientation or reprisal for having engaged in a protected equal opportunity activity, in a matter subject to the control of the California Military Department, may file an individual complaint of discrimination. You are encouraged to discuss the complaints with and to seek assistance from your immediate supervisor, unit commander, members of the chain of command or the California Military Department Equal Opportunity Officer. Fill out this form and file the complaint within 365 days of the date of the alleged discrimination or the date that you became aware of the discriminatory event or action. The complaint should be filed with the California Military Department Equal Opportunity Officer or unit commander (if the commander is not the alleged discriminating official). You may file with any other commander in the chain of command or The Adjutant General, or California Military Department Inspector General Office. However, regardless of where the complaint is filed, it will be referred to the lowest applicable command level for action.

1. COMPLAINANT INFORMATION

a. NAME		b. RANK	c. POSITION
d. GENDER	e. RACE	f. NATIONAL ORIGIN	
g. HOME ADDRESS (Including Zip Code)		h. TELEPHONE NUMBERS	
		BUS:	HM/CELL:
i. STATUS (CHECK ONE)			
<input type="radio"/> State Civil Service <input type="radio"/> State Active Duty <input type="radio"/> State Military Reserve <input type="radio"/> Applicant <input type="radio"/> Former California Military Department Member <input type="radio"/> Emergency SAD			

2. ACTIVITY OR UNIT IN WHICH ALLEGED DISCRIMINATION OCCURRED	3. PERSON YOU BELIEVE DISCRIMINATED AGAINST YOU	
	a. NAME	b. STATUS OF ALLEGED (SCS, SAD, etc)

4. REPRESENTATIVE (If any)

a. NAME	b. ADDRESS	c. TELEPHONE NUMBER
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5. CHECK BELOW THE BASIS (Reasons) FOR ALLEGED DISCRIMINATION:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> AGE (over 40) <input type="radio"/> ANCESTRY, NATIONAL ORIGIN <input type="radio"/> DISABILITY, MENTAL AND PHYSICAL <input type="radio"/> GENDER IDENTITY, GENDER EXPRESSION <input type="radio"/> GENETIC INFORMATION <input type="radio"/> MARITAL STATUS <input type="radio"/> MEDICAL CONDITION | <ul style="list-style-type: none"> <input type="radio"/> MILITARY AND VETERAN STATUS <input type="radio"/> RACE, COLOR <input type="radio"/> RELIGION, CREED <input type="radio"/> REPRISAL <input type="radio"/> SEX – GENDER (including pregnancy, childbirth, breastfeeding or related medical conditions) <input type="radio"/> SEXUAL ORIENTATION |
|---|--|

6. CHECK FOR SPECIFIC ALLEGATIONS AND ISSUES:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Appointment/Hire <input type="radio"/> Assignment of Duties <input type="radio"/> Awards <input type="radio"/> Conversion <input type="radio"/> Disciplinary Actions <ul style="list-style-type: none"> <input type="radio"/> Demotion <input type="radio"/> Reprimand <input type="radio"/> Suspension <input type="radio"/> Termination | <ul style="list-style-type: none"> <input type="radio"/> Equal Pay Act Violation <input type="radio"/> Evaluation/Appraisal <input type="radio"/> Examination Test <input type="radio"/> Duty Hours <input type="radio"/> Harassment <ul style="list-style-type: none"> <input type="radio"/> Non-Sexual <input type="radio"/> Sexual <input type="radio"/> Pay Including Overtime <input type="radio"/> Promotion/Non-Selection | <ul style="list-style-type: none"> <input type="radio"/> Reassignment <ul style="list-style-type: none"> <input type="radio"/> Request Denied <input type="radio"/> Directed <input type="radio"/> Reinstatement <input type="radio"/> Retirement <input type="radio"/> Terms/Conditions of Employment <input type="radio"/> Time and Attendance <input type="radio"/> Training/Education <input type="radio"/> Other: _____ |
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7. STATE ALLEGATION AND ISSUES (Explanations, background, and evidence can be attached as supporting material.

Issues: A. Number each issue.
 B. Briefly list the alleged act of discrimination, the basis, and the date(s) it took place.
 C. Indicate the name(s) of the alleged discriminating official(s) (ADO).

Sample: I was discriminated against on (date) on the basis of (Race, Color, Gender, Religion, or other basis) when (name the ADO) and briefly list the discriminatory event(s) or personnel action(s). Attach additional sheets, if necessary.

1. _____

2. _____

3. _____

4. _____

8. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT?

9a. SIGNATURE OF COMPLAINANT	9b. DATE
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10. OFFICIAL RECEIVING COMPLAINT	
a. NAME	b. TITLE
c. SIGNATURE	d. DATE