STATE OF CALIFORNIA

**FORMAL COMPLAINT OF DISCRIMINATION**

DR 135 (Rev. 05/99)

DEPARTMENT OF REHABILITATION

# *CONFIDENTIAL

| Complainant's Name | | Job Title/Classification |
|---|---|---|
| Section-District-Branch | Location | Telephone Number |

Type of Discrimination Alleged

- ☐ Race/Color
- ☐ Gender
- ☐ Disability
- ☐ Age
- ☐ Marital Status
- ☐ Sexual Harassment
- ☐ Ancestry/National Origin
- ☐ Religious/Political Opinion
- ☐ Sexual Orientation
- ☐ Retaliation

Discriminatory Action Alleged

- ☐ Performance Eval/Discipline
- ☐ Working Conditions
- ☐ Reasonable Accommodation
- ☐ Client/Consumer Services
- ☐ Other:

| Specific Group Discriminated Against (e.g., Hispanic, Deaf, etc.) | Date of Most Recent Discriminatory Action |
|---|---|

| Person Alleged to be Responsible for Discriminatory Action | | Job Title/Classification |
|---|---|---|
| Section-District-Branch | Location | Telephone Number |

Describe the action(s) taken against you and how they adversely affected you. State facts supporting your belief that the actions were taken because of your protected status. Provide a detailed description. (Attach add'l pages, if necessary.)

Suggest Departmental action which would resolve your complaint.

| Complainant's Signature | Date |
|---|---|

* For EEO investigation use only. Unauthorized disclosures prohibited.