County Administrator

Affirmative Action Office
County Administration Building
651 Pine Street, 3rd Floor
Martinez, California 94553-1229
Direct: (925) 335-1045
Fax: (925) 335-1799
antoine.wilson@cao.cccounty.us

David Twa
County Administrator

Contra Costa County

Discrimination Complaint Form

Complainant: _____

Job Title_____ Department _____

Email Address:_____ Supervisor's Name _____

Home Address:_____

Work # ( )_____Home # ( )_____ Cell #( )_____

ISSUE(S)

- ☐Denial of Selection
- ☐Termination
- ☐Constructive Discharge
- ☐Differential Treatment
- ☐Denial of Reasonable Accommodation
- ☐Denial of Training
- ☐Lay-off
- ☐Disciplinary Action
- ☐Sexual Harassment
- ☐Denial of Promotion
- ☐Denial of Leave
- ☐Harassment
- ☐Other (please specify)

ALLEGATION(S) BASED ON:

- ☐Age
- ☐Sex/Gender
- ☐Disability
- ☐Pregnancy
- ☐Marital Status
- ☐Other (please specify)
- ☐National Origin/Ancestry
- ☐Race/Color
- ☐Political Belief
- ☐Sexual Orientation
- ☐Genetic Characteristics
- ☐Retaliation
- ☐Religion
- ☐Gender Identity
- ☐Medical Condition
- ☐Union Activity

Name and title(s) of person(s) causing discrimination and/or harassment:

_____
_____
_____

Name(s), title(s), and contact information of witness(es) or person(s) who may have relevant information or evidence helpful to the investigation and resolution of the complaint:

_____

_____
_____
_____

Describe in detail the circumstances surrounding your allegations of discrimination and/or harassment. Please include date(s), time(s) and locations where the act(s) occurred and use a separate sheet of paper if more room is needed and attach to this document.

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_____ _____
Date Signature of Complainant

What remedy are you seeking? _____
_____
_____
_____

Please complete and return to:

Antoine Wilson
Affirmative Action/EEO Officer
651 Pine Street, 3rd Floor
Martinez, CA 94553-1291
925-335-1045 (Office)
925-335-1799 (Fax)
antoine.wilson@cao.cccounty.us