



DEPARTMENT OF  
**HUMAN RESOURCES**

Our Mission: To create a thriving organization, providing meaningful careers in public service. 2.

### Marin County Discrimination Appeal Form

Instructions: Please print clearly. Completed and signed original appeal forms must be submitted to the Director of Human Resources. **Specific filing deadlines are identified below.**

**PART I: APPELLANT INFORMATION**

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

Employment Status:    Employee       Job Applicant

Department (if applicable): \_\_\_\_\_ Job Title (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART II-GROUNDS FOR APPEAL**

I wish to appeal on the following grounds: *(clearly state your reason(s) for requesting an appeal. Attach as many additional pages as necessary.)*

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

**PART III- BASIS OF ORIGINAL COMPLAINT OF DISCRIMINATION**

You must attach a copy of your initial PMR 21 complaint form

- Examination Appeal:** Within fourteen (14) calendar days after receipt of the determination, if an applicant or employee is dissatisfied with the determination of a discrimination or retaliation complaint under 21.4 B. 4., and the complaint alleges he/she was not advanced in the examination process due to discrimination based on a Protected Class, the applicant or employee may petition in writing for a hearing before the Personnel Commission pursuant to PMR 31.11 A. 3

- **Selection Appeal: Within fourteen (14) calendar days after receipt of the determination**, if an applicant or employee is dissatisfied with the determination of a discrimination, harassment or retaliation complaint under 21.4 B. 4., **and the complaint alleges he/she was not selected for a position in the County of Marin due to discrimination based on a Protected Class**, the applicant or employee may petition in writing for a hearing before the Personnel Commission pursuant to PMR 33.6 B.4.
  
- **Classification Appeal: Within fourteen (14) calendar days after receipt of the determination**, an employee may file an appeal if he or she is dissatisfied with the determination under 21.4 B. 4., and the complaint alleges:
  - (1) there is a dispute between the employee and his or her department as to whether the employee is properly classified, or the employee's classification was studied and the study resulted in a recommendation of no change or a lesser classification; **and**
  - (2) such action or inaction was due to discrimination or retaliation based on a Protected Class
  
- **Discipline Appeal:** If a regular employee is dissatisfied with the determination under 21.4 B. 4., and the complaint alleges he/she was suspended, demoted, dismissed or had a reduction in compensation due to discrimination or retaliation based on a Protected Class, the employee will have the right to an appeal before the Personnel Commission pursuant to PMR 47.7 B. or 47.7 C. (Peace Officers). **An appeal for employees covered by the Peace Officers Bill of Rights must be filed within thirty (30) calendar days. For all other employees, an appeal must be filed within ten (10) calendar days.**

**Other Discrimination or Retaliation Appeals: Within fourteen (14) calendar days after receipt of the determination**, if an employee is dissatisfied with the determination of a discrimination or retaliation complaint under 21.4 B.4, excluding the appeals identified in 21.5 A. 1 – 4, the employee will have the right to an appeal before the Personnel Commission, provided that the complaint has alleged discrimination. Discrimination, for the purpose of appeals, occurs when an adverse employment action, which is based upon a protected class, results in a material impact\* to the employee's terms, conditions or privileges of employment. [ \*For further information, please refer to applicable California case law.]

*PLEASE NOTE: Minor or relatively trivial adverse actions or conduct which are reasonably likely to do no more than anger or upset an employee will not be viewed as materially affecting the terms, conditions or privileges of employment and are not appealable.*

Please identify the material impact on your terms, conditions or privileges of employment that occurred:

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**PART V-CERTIFICATION AND SIGNATURE**

I certify that all of the statements made in this appeal are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Received by Human Resources