



DEPARTMENT OF
HUMAN RESOURCES

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

Marin County PMR 21 Complaint Form

Instructions: Please print clearly. Completed and signed original complaint forms must be submitted to the Director of Human Resources and must be filed within **one hundred and fifty (150) days** of the alleged violation.

COVER SHEET: COMPLAINANT INFORMATION

Name: _____

Employment Status: Employee Job Applicant

Department (if applicable): _____ Job Title (if applicable): _____

Telephone: _____ E-mail: _____

- Complaint types being filed:
- Harassment (Please fill out Part I of this Form)
 - Discrimination (Please fill out Part II of this Form)
 - Retaliation (Please fill out Part III of this Form)

Date Submitted

Date Received in Human Resources

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PART I-HARASSMENT (Fill this out only if you are alleging harassment)
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Harassment is unwelcome verbal, physical, visual, written or environmental misconduct based on a Protected Class, which is offensive to a reasonable person in like or similar circumstances. Prohibited harassment can consist of virtually any form or combination of verbal, physical, visual/written or environmental conduct. It need not be explicit, or even specifically directed at the victim.

1. Date of the incident(s): _____ Place: _____

2. Check all protected categories below that apply to the incident:

- sex race color ancestry religious creed national origin physical or mental disability medical condition age marital status the taking of protected family and medical leave sexual orientation gender identity or expression genetic information

3. Provide a detailed summary of the incident(s):

4. Identify the individuals who engaged in the alleged harassment:

Name: _____ Department (if known): _____

5. Identify any and all witnesses:

Name(s) _____ Department (if known) _____

<p>I certify that all of the statements made in this complaint are true and correct to the best of my knowledge and belief.</p>

<p>Signature _____ Date Signed: _____</p>

<p>This portion of the Complaint Form must be fully completed to be processed as a complaint of harassment.</p>
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PART II-DISCRIMINATION (Fill this out only if you are alleging discrimination)

In conformance with the Board policy to provide a workplace free from discrimination and to provide for equal employment opportunities, barring any lawful or valid reasons, all employees and applicants will have equal access to County operations and employment regardless of their actual or perceived status in a Protected Class.

1. Date of alleged adverse employment action(s): _____

2. Check all protected categories below that apply to the incident:

- sex race color ancestry religious creed national origin physical or mental disability medical condition age marital status the taking of protected family and medical leave sexual orientation gender identity or expression genetic information

3. Provide a detailed description of events and relevant facts/details pertaining to the alleged adverse employment action and any related consequences:

4. Identify the person(s) responsible for the alleged adverse employment action:

5. If you are a current Marin County Employee, how did the adverse employment action materially impact your terms and conditions of employment? Please describe: (should include but is not limited to an incident such as, a failure to select, termination, failure to promote, denial of training or denial of transfer opportunity.) _____

If you are not a current Marin County employee, were you (select one):

- Not advanced in the examination process due to discrimination based upon a protected class?
 Not selected for a position in the County due to discrimination based upon a protected class?

Please describe: _____

6. Identify anyone with knowledge or information pertaining to the allegation:

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

Signature _____ Date Signed: _____

This portion of the Complaint Form must be fully completed to be processed as a complaint of discrimination.

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PART III- RETALIATION- (Fill this out only if you are alleging retaliation)

Retaliation is defined as any adverse employment action which is reasonably likely to prevent the complaining party or others from engaging in opposition to employment practices that violate the County's equal employment or anti-harassment policies. An adverse employment action could include but is not limited to a decrease in pay, change of hours, or reduction in authority and responsibility. Retaliation for filing a complaint about, or participating in, a PMR 21 investigation is also a violation of this policy and will not be tolerated.

1. Date of incident: _____
2. Check all conduct that you engaged in:
 - Protected activity
 - Requested protected leave
 - Requested protected accommodation
 - Participated in a PMR 21 complaint process
 - Participated in an EEOC or DFEH complaint process
 - Other: (please specify) _____
3. Identify the specific adverse employment action that occurred as a result of the conduct you engaged in, which is identified in #2 above :

4. Identify the person responsible for the alleged adverse employment action:

5. Provide a detailed description of events and relevant facts/details pertaining to the alleged adverse employment action.

6. Identify anyone with knowledge or information pertaining to the allegation:

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

Signature _____ Date Signed: _____

This portion of the Complaint Form must be fully completed to be processed as a complaint of retaliation.