INSTRUCTIONS

The "Employee Discrimination Complaint," form GS 910, is used to file a formal written discrimination complaint.

DISCRIMINATION COMPLAINT PROCEDURE

A signed formal written complaint must be filed with the Department's EEO Office within in one year of the alleged unlawful discrimination. The written complaint must state the action perceived to be discriminatory, the bases of the discrimination and the specific remedy or remedies sought by the complainant. The complaint process is available to all employees, applicants, and individuals doing business with and/or working for DGS. Mail the complaint to the following address: Department of General Services Equal Employment Opportunity Office, 707 - 3rd Street, Rm. 1-320, West Sacramento, CA 95605

Formal Process

When a formal complaint is filed, the complainant must understand that anonymity provisions do not apply. DGS employees are assured of the following rights with regard to complaints of discrimination.

- 1. To a reasonable amount of release time to make a presentation of their complaint to the Department's EEO Office.
- 2. To an impartial investigation.
- 3. To have a representative of the employee's own choosing at all stages of the process.
- 4. The complainant is obliged to provide accurate and factual information during all phases of the complaint process. Trust is expected from all persons involved in the investigative process. Fraudulent claims can result in adverse action.
- 5. Freedom from restraint, interference, coercion, or retaliation.

Other Options

At any time during the formal process, the complainant may file a complaint with the Department of Fair Employment and Housing (DFEH) and/or Equal Employment Opportunity Commission (EEOC), or file in civil court.

FEDERAL	STATE		
Equal Employment Opportunity Commission	Department of Fair Employment and Housing		
901 Market Street, Suite 500	2218 Kausen Drive, Suite 100		
San Francisco, CA 94103-4977	Elk Grove, CA 95758		
(415) 744-6500 or (800) 669-4000	(916) 478-7251 or (800) 884-1684		
Wells Fargo Bank Building 1333 Broadway, 4th Floor Oakland, CA 94612 (510) 637-3230			
	Must file within 365 days		

STATE OF CALIFORNIA EMPLOYEE DISCRIMINATION COMPLAINT GS 910 (REV 11/14) (REVERSE)

SEE INSTRUCTIONS ON REVERSE OF FORM		DATE			
NAME	CLASSIFICATION				
OFFICE/DIVISION			UNIT OR SECTION		
WORK ADDRESS		WORK TEI	WORK TELEPHONE NUMBER		
HOME ADDRESS			LEPHONE NUMBER		
BARGAINING UNIT: NAME & NUMBER OF REPRESENTATIVE/EMPLOYEE ORGANIZATION		() WORKING	WORKING HOURS		
NAME OF RESPONDENT:			NE NUMBER		
NAME OF SUPERVISOR:		() TELEPHON	NE NUMBER		
BASIS OF POSSIBLE COMPLAINT: (CHECK APPROP	RIATE BOXES)				
RACE RELIGION MARITAL STATUS GENETIC INFORMATION COLOR ANCESTRY SEX DISABILITY (physical, and mental, including HIV and Aids) GENDER/GENDER IDENTITY VIETNAM ERA AND MILITARY OR VETERAN STATUS AGE (40 and Over) SEXUAL ORIENTATION MEDICAL CONDITION (Cancer and genetic characteristics) VICTIMS OF DOMESTIC VIOLENCE SEXUAL HARASSMENT NATIONAL ORIGIN (including language use restrictions) PREGNANCY (including child birth or related medical conditions) USE OR DENIAL FAMILY AND MEDICAL CARE LEAVE RETALLIATION (FOR HAVING FILED AN EEO COMPLAINT, OPPOSING DISCRIMINATOTRY CONDUCT AND/OR PARTICIPATING IN AND EEO VICTIMS OF DOMESTIC VIOLENCE DESCRIPTION OF PROBLEM (ATTACH ADDITIONAL SHEETS, IF NECESSARY)					
HAS COMPLAINANT DISCUSSED PROBLEM WITH ONE OF THE FOLLOWING: (IF YES STATE RESULTS AND ENTER DATE, IF NO STATE WHY NOT) DISCUSSED			DATE		
☐ YES ☐ NO					
☐ SUPERVISOR	☐ CALIFORNIA STATE ☐ CALEMPLOYEES ASSOCIATION	LIFORNIA HIGHWAY I	NIA HIGHWAY PATROL		
☐ MANAGER	□ MANAGER □ EMPLOYEE ASSISTANCE PROGRAM □ OTHER				
RESULTS/WHY NOT DISCUSSED					
REMEDY REQUESTED (DESCRIBE THE DESIRED CORRECTIVE MEASURES)					
ALMED I REQUESTED (DESCRIBE THE DESIRED CORRECTIVE MEASURES)					
EMPLOYEE SIGNATURE			DATE		