

## CIVIL RIGHTS COMPLAINT FORM

This form should be used by members of the public to file a complaint of discrimination against the California Environmental Protection Agency, Office of the Secretary (CalEPA) that an individual believes occurred during the administration of its programs and services offered to the public. All complaints must be emailed to the CalEPA Civil Rights Officer at [civilrights@calepa.ca.gov](mailto:civilrights@calepa.ca.gov).

Please answer all of the questions in this form that may apply to your situation to the best of your ability. You may use additional paper if needed. If you have any documents that support your complaint, please attach them to this Civil Rights Complaint Form. If you have any questions or need help completing the form, please contact CalEPA's Civil Rights Officer.

### Section 1. Contact Information

Instructions: Enter complainant's name and contact information as well as the contact information for complainant's authorized representative, if any. Please contact CalEPA's Civil Rights Officer to update this contact information if it changes before CalEPA's resolution of this complaint. CalEPA may be unable to complete an investigation or provide information on complaint resolution without current contact information.

CalEPA will also accept anonymous complaints and will investigate them to the fullest extent possible. Submission of an anonymous complaint, however, may impede CalEPA's ability to collect facts necessary to resolve the complaint.

### Complainant Information

Are you submitting this complaint anonymously?:    Yes                    No

If no, please provide contact information.

Complainant Legal First and Last Name:

Complainant Address:

City/State/Zip:

Complainant Phone Number:

Complainant Email Address:

### Representative Information

Do you have an attorney or authorized representative who agreed to represent you in this matter?:    Yes                    No

If yes, please provide their contact information.

Name:

If applicable, attorney firm name:

Address:

City/State/Zip:

Phone Number:

Email Address:

## Section 2. Program or Activity

Instructions: Identify the CalEPA program or activity administered by CalEPA that committed the alleged discriminatory act(s); contact person(s) involved; and, if applicable, identify the CalEPA contractor or subcontractor involved in the alleged discriminatory act(s). Identify whether you have filed your complaint with any State or Federal Agency by checking yes or no in the boxes provided.

CalEPA Program and Division/Unit:

CalEPA Contact Person(s), if known:

CalEPA Contractor or Subcontractor, if applicable:

Have you filed your complaint with any State or Federal agency?:    Yes                      No

## Section 3. Protected Class

Instructions: Identify the protected class of the person or group of people subject to the alleged discrimination. Refer to the definitions in the Civil Rights Complaint Policy. Checking boxes that do not apply may delay your complaint.

I allege that I experienced:    Discrimination                      Retaliation

Because of my actual or perceived:

sex

race

color

religion

ancestry

national origin

ethnic group identification

age

mental disability

physical disability

medical condition

genetic information

marital status

sexual orientation

gender identity

gender expression

other (specify)

#### **Section 4. Basis of Complaint**

Instructions: Provide a detailed description of the alleged act(s) you believe are discriminatory in the boxes provided in sections (a) through (e). CalEPA's Civil Rights Officer, or a designee, may contact you with follow-up questions to collect all facts necessary to resolve this complaint.

What act(s) occurred that you believe resulted in you or another person or people being discriminated against?

Why do you believe the act(s) are discriminatory?

Where did the alleged act(s) of discrimination occur (at CalEPA, over the telephone, other)?

When did the alleged act(s) of discrimination occur? Please be as specific as possible on the date(s) and indicate whether the discrimination was one time or is continuous and still ongoing.

Is there anyone else who witnessed or has knowledge of the alleged act(s) of discrimination? Please list the names of all persons who have knowledge of the act(s).

### **Section 5. Confidentiality**

CalEPA makes every effort to protect confidentiality of information provided, but CalEPA cannot guarantee absolute confidentiality. Confidentiality will be protected and honored to the degree legally possible. However, anonymity and complete confidentiality cannot be guaranteed once a complaint is made to CalEPA. You can help protect confidentiality by keeping the proceedings of any interviews with you confidential.

### **Section 6. Signature**

Instructions: By submitting this document you are affirming that you are the complainant identified in Section 1 above and that to the best of your knowledge all of the information stated is true and correct, except matters stated on information and belief, which you believe to be true.

**Complainant Signature:**

**Date:**