

**COUNTY OF ORANGE
DISCRIMINATION COMPLAINT FORM
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6. List names, job title and phone number (if possible) of witnesses you feel can provide evidence.

7. What action do you request the County take?

8. If County employee, have you filed a grievance regarding this matter? Yes No

a. Date grievance was filed _____
(If Applicable)

b. Are you being represented by a labor organization? Yes No

c. Name of representative _____ Organization _____

d. Do you have an attorney? Yes No

If so, please provide name, address and telephone number: _____
Name

_____ Address _____ Phone

e. Have you filed a complaint on this matter with any other agency? If so, please specify:

Equal Employment Opportunity Commission _____ Date complaint filed _____

Fair Employment Practices Commission _____ Date complaint filed _____

Other _____ Date complaint filed _____

My signature hereby authorizes the Equal Employment Opportunity Access Office to gather all essential information in the investigation of my complaint, and, if necessary, to share this information with other parties involved in the resolution of this complaint.

Signature of Complainant Date