

**DISCRIMINATION COMPLAINT FORM**

HCD DIR 8 (REV 1/22)

OFFICE OF THE DIRECTOR  
Equal Employment Opportunity (EEO) Office  
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It is the policy of the Department of Housing and Community Development (HCD), as required by federal and state laws, to provide a work environment free of discrimination. Please refer to HCD's Nondiscrimination, Harassment and Retaliation Prevention Policy for more information. This form may be used by HCD employees or job applicants applying for a position within HCD. Submit form to HCD EEO Office via email at [EEO-Office@hcd.ca.gov](mailto:EEO-Office@hcd.ca.gov).

<b>I. COMPLAINANT'S INFORMATION</b>			
Complainant's Name	Race/Ethnicity (optional)	Age (optional)	Gender (optional)
Classification	Job Title (or title of position for which you applied if applicant)		
Division/Branch/Unit	Immediate Supervisor		
Physical Work Location (e.g., HQ, NAO, etc.)	Work Phone Number		
Home Mailing Address	Home Phone Number		
Preferred E-mail Address (best email at which to contact you)			
Which Describes You: <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Applicant for Employment <input type="checkbox"/> Other			
<b>II. COMPLAINANT'S ALLEGATION-TYPE, BASIS, AND HARM: [Check one or multiple box(es) below as appropriate]</b>			
<b><u>I experienced:</u></b> <input type="checkbox"/> <b>Discrimination</b> <input type="checkbox"/> <b>Harassment</b> <input type="checkbox"/> <b>Retaliation</b> for filing an EEO complaint, involvement in an EEO complaint/investigation, requesting a reasonable or religious accommodation.			
<b><u>Based on the following protected characteristic(s):</u></b>			
<input type="checkbox"/> <b>Age:</b> 40 and older <input type="checkbox"/> <b>Ancestry:</b> a person's heritage <input type="checkbox"/> <b>Color:</b> skin color/pigment <input type="checkbox"/> <b>Disability:</b> physical or mental disability <input type="checkbox"/> <b>Medical Condition:</b> medical condition or health impairment known to cause disease (e.g., cancer) <input type="checkbox"/> <b>Gender:</b> including gender identity and/or gender expression <input type="checkbox"/> <b>Genetic Information:</b> (e.g., a person's medical history showing a predisposition to develop disease) <input type="checkbox"/> <b>Marital Status:</b> divorced, married, single, etc. <input type="checkbox"/> <b>National Origin:</b> birth site, language use, accent <input type="checkbox"/> <b>Political Affiliation:</b> membership or association with a political party	<input type="checkbox"/> <b>Race:</b> belonging to one of the anthropological racial/ethnic groups: American Indian, Asian, Black, Filipino, Hispanic, Pacific Islander, White, etc. <b><i>If you are alleging racial discrimination, please indicate your race here:</i></b>  <input type="checkbox"/> <b>Religious Creed:</b> practice, belief, attire, or grooming practices <input type="checkbox"/> <b>Sex:</b> including pregnancy, childbirth, or breast feeding <input type="checkbox"/> <b>Sexual Harassment:</b> behavior/conduct sexual in nature <input type="checkbox"/> <b>Sexual Orientation:</b> bisexual, heterosexual, homosexual, pansexual, asexual, etc. <input type="checkbox"/> <b>Veteran Status/Military Leave</b> <input type="checkbox"/> <b>Other (specify):</b>		

**Type of harm or action taken against you:**

- |  |   |
|--|---|
| <input type="checkbox"/> Failure to appoint/promote            | <input type="checkbox"/> Disciplinary action (demotion, reprimand, suspension, termination) |
| <input type="checkbox"/> Job duty change/transfer/reassignment | <input type="checkbox"/> Evaluation/appraisal   |
| <input type="checkbox"/> Hostile work environment              | <input type="checkbox"/> Retirement   |
| <input type="checkbox"/> Failure to accommodate                | <input type="checkbox"/> Other (specify)  |
| <input type="checkbox"/> Denied leave                          |   |
| <input type="checkbox"/> Change in working conditions          |   |
| <input type="checkbox"/> Denied job opportunity                |   |

**III. RESPONDENT'S INFORMATION - PERSON(S) RESPONSIBLE FOR THE ALLEGED DISCRIMINATION, HARASSMENT OR RETALIATION** *(If more than one respondent, complete Section IV):*

Respondent's Name	Classification
Work Location	Work Phone Number
Respondent's Relationship to Complainant	

**IV. NAME(S) OF ADDITIONAL RESPONDENT(S):** *Include classification, work location, work phone number, and relationship to complainant for each respondent. Complete this section only if applicable.*

**V. DESCRIBE THE EVENTS OR ACTIONS THAT YOU BELIEVE VIOLATED HCD'S NONDISCRIMINATION, HARASSMENT AND RETALIATION PREVENTION POLICY.**

*Please number each issue and briefly list the alleged acts of discrimination harassment or retaliation. Include the date, protected category, harm, and name(s). Attach additional pages, if necessary.*

Sample: 1) I was **discriminated** against on **(date)** on the basis of **(protected category)** when **(name(s))** **(and then briefly describe the events or actions.)** Attach additional pages and supporting material as appropriate.

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**VI. NAME(S) OF WITNESS(ES) OR OTHER PERSON(S) WHO MAY HAVE WITNESSED OR HAVE KNOWLEDGE OF THE ALLEGED DISCRIMINATION, HARASSMENT OR RETALIATION REFERENCED IN THIS COMPLAINT.**

*Briefly explain what information you think each witness will provide. Include classification, work location, work phone number, and relationship to complainant for each witness.*

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**VII. REMEDY REQUESTED.** *Describe your desired outcome.*

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**VIII. COMPLAINANT'S SIGNATURE:** *I believe the foregoing to be true and correct to the best of my knowledge.*

	<b>Date:</b>
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The California Department of Housing and Community Development (HCD) is committed to providing a workplace in which all individuals are treated with respect and professionalism. It is the policy of the HCD, as required by federal and state laws, to provide a workplace free of discrimination. Please refer to the Dept's Nondiscrimination, Harassment, and Retaliation Prevention policy. This form may be used by a current or former HCD employee (including temporary employees such as interns, volunteers, or contractors), or a job applicant applying for a position within HCD to record and report possible discrimination. The department can take action within three years of the date of last occurrence of unlawful activity.

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to [EEO-Office@hcd.ca.gov](mailto:EEO-Office@hcd.ca.gov).

**DISCRIMINATION COMPLAINT PROCESS  
ALL EMPLOYEES ARE ASSURED THE FOLLOWING RIGHTS:**

- The right to a discrimination, harassment and retaliation-free work environment.
- The right to file a complaint of discrimination, harassment, or retaliation. Employees are encouraged to report conduct that would violate EEO policy as soon as possible for early intervention.
- The right to a timely response from HCD after a full and impartial consideration of all relevant facts and circumstance.
- The right to be timely informed of the outcome of an investigation if they were a complainant or a respondent in the investigation.
- The right to be free from retaliation or reprisal after filing a complaint or participating in the complaint process.
- The right to maintain confidentiality to the extent possible. The complainant should be aware that although the EEO Office will make every effort to keep the complaint confidential, absolute confidentiality cannot be guaranteed as the Department has a legal obligation to take immediate corrective action to end the discrimination, harassment, or retaliation.
- The right to file concurrently with the Department of Fair Employment and Housing (DFEH) and Equal Employment Opportunity Commission (EEOC).
- The right to file a complaint with the State Personnel Board (only for discrimination based on disability, medical or mental condition, including denial of reasonable accommodation), DFEH, or EEOC if complainant does not agree with the outcome of the investigation.