



# City of Los Angeles – Personnel Department EQUAL EMPLOYMENT OPPORTUNITY DIVISION Complaint Form



The City of Los Angeles is committed to maintaining a discrimination free workplace for all employees and applicants for employment. The EEO Division of the Personnel Department addresses internal complaints of discrimination, harassment, retaliation, and other inappropriate workplace conduct. We take all complaints seriously and we handle all investigations with discretion, sensitivity, and due concern for the dignity of those involved. If you have any reason to believe that you have been subjected to discrimination, harassment, and/or retaliation, you can use the **MyVoiceLA.org** portal to submit a complaint online, call 213-473-9100, or submit this form via:



Email [per.eeo.ciu@lacity.org](mailto:per.eeo.ciu@lacity.org)



Personnel Department  
Equal Employment Opportunity Division  
700 E. Temple Street, Room 380  
Los Angeles, CA 90012



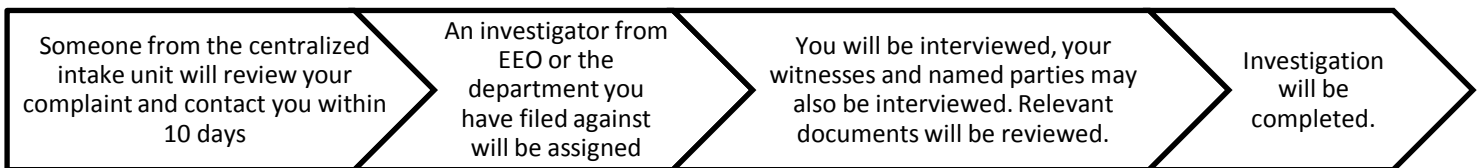
Fax 213-473-9113

Or Personnel/EEO, Mail Stop 391

It is important to report any incident that may be considered discrimination, harassment, and/or retaliation to protect yourself and your colleagues from further incidents, and to create a record of incidents close to when they take place.

If you are not sure about submitting a complaint you can speak to someone at EEO confidentially by calling 213-473-9100 or coming to the address listed above.

After you report, you can expect:



**About You – Please let us know your preferred contact information**

I would like to remain anonymous

*While we will do everything possible to honor your request for anonymity, in some cases the investigation process may result in your identity being disclosed by parties related to the incident you are reporting. Anonymous reports will be investigated to the greatest extent possible, taking into account the information provided in the report.*

Name:

Employee ID:

Your status:

City Employee

City Contractor

City Commissioner

City Volunteer or Intern

Applicant for City Employment

Private Party filing against a City Department or Employee

Your current Department or Agency:

Address:  Home  Work

*Please check your preferred number:*

Home Phone:

Work Phone:

Cell Phone:

Email Address:

**Your Report - Please provide details of the incident, and the individual(s) you are filing against**

**Individual(s) you are filing against:**

Last Name	First Name
Department	

Last Name	First Name
Department	

Last Name	First Name
Department	

When did this happen? Please list the date(s) of the incident(s) of discrimination or harassment:

In the space below, please describe the actions or events you are reporting. Explain why you feel that harassment or discrimination has occurred. Wherever possible, provide the names of any witnesses and location(s) of each event. Use additional sheets if necessary.

**I believe I experienced (check all that apply):**

- Bullying       Discrimination       Harassment (General)       Hazing  
 Inappropriate Conduct       Retaliation       Sexual Harassment

**I believe the act or actions taken against me are based on (check all that apply):**

- Race       Sexual Orientation       Age  
 Color       Genetic Information       AIDS/HIV (actual or perceived)  
 Ancestry       Marital Status       Sex/Gender  
 National Origin       Medical Condition       Pregnancy  
 Religion       Physical Disability (actual or perceived)       Gender Identity  
 Creed       Mental Disability (actual or perceived)       Gender Expression  
 Military/Active Duty/Veteran Status       Non-EEO issue  
 Retaliation for having filed, or served as a witness in, a discrimination complaint or otherwise opposing discrimination.  
 Other \_\_\_\_\_       None of the above

**As a result of the above, I experienced the following actions or events (check all that apply):**

- Comments/Remarks       Non-Selection       Denial of FMLA  
 Sexual Harassment       Disparate Treatment       Discipline  
 Hostile Work Environment       Retaliation       Demotion  
 Job Assignment       Non-Accommodation       Suspension  
 Reassignment       Evaluation       Termination/Layoff  
 Transfer       None of the above  
 Other \_\_\_\_\_

What remedy do you suggest for this complaint?

I confirm that the information and statements I have provided are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	Case Number:	Date Received Stamp:
	Assigned Investigator:	