



Gender Equity Complaint Form

The purpose of this form is to assist you in filing a Gender Equity complaint. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

NOTE: Item #11 must be signed before form is submitted.

1. *State your name and address.

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Alternate: _____

E-mail: _____

2. * Person(s) discriminated against, if different from above:

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Alternate: _____

E-mail: _____

Please explain your relationship to this person(s): _____

If person discriminated against is a minor (under 18 years old), please provide the following information:

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Alternate: _____

E-mail: _____

3. * Agency and Department or program that discriminated:

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Alternate: _____

E-mail: _____

4. * AB 2404 Complaint: Please indicate below the basis on which you believe these discriminatory actions were taken.

Age: _____ Race/Ethnicity: _____ National Origin: _____

Sex: _____ Sexual Orientation: _____ Religion: _____

Disability: _____ Other: _____

5. * To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest Date of Discrimination: _____ Most Recent Date of Discrimination: _____

6. * Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.

Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Alternate: _____

E-mail: _____

7. Do you have any other information that you think is relevant to our investigation of your allegations?

8. What remedy are you seeking for the alleged discrimination?

9. What are the most convenient times and place for us to contact you about this complaint?

10. If you have an attorney representing the matters raised in this complaint, please provide the following:

Attorney's Name/Firm: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Alternate: _____

E-mail: _____

11. * Complaint must be signed. Please sign and date below.

Name - Print

Name - Signature

Date

Please submit completed form to Parks & Community Services Director, Deanne Machado

Parks & Community Services Department
23 Russell Boulevard, Davis, CA 95616
530-757-5626

DMachado@cityofdavis.org

CWeb@cityofdavis.org