



**County of Butte  
DISCRIMINATION COMPLAINT FORM**

Instructions: This form can be filed with your Supervisor, Department Head, or the Civil Rights Compliance Officer in the Department of Human Resources.

**I. COMPLAINANT INFORMATION:**

Name:	Classification:
Office:	Unit or Section:
Work Address:	Work Telephone:
Home Address:	Home Telephone:
Immediate Supervisor:	

**II. BASIS OF DISCRIMINATION:** Check appropriate box(es).

- Age (40 years or older)   
  Marital Status   
  Race   
  Sexual Harassment  
 Ancestry   
  National Origin   
  Religion   
  Sexual Orientation  
 Color (Skin color)   
  Political Opinion   
  Retaliation   
  Medical Condition  
 Disability   
  Pregnancy   
  Sex (Gender)   
 Harassment (Specify)

**III. PERSON(S) RESPONSIBLE FOR THE ALLEGED ACTION:**

Name	Classification	Work Location	Phone Number

IV. DATES OF CONTINUING DISCRIMINATION

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(Attach additional pages, if necessary)

V. DESCRIPTION OF DISCRIMINATION: Describe fully the alleged discriminatory act and/or violation. Provide what reason or evidence you have to support your feeling that discrimination occurred. Please include dates. (Attach additional pages, if necessary.)

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VI. PERSON (S) WHO HAVE INFORMATION OR KNOWLEDGE OF THE ALLEDGED DISCRIMINATION: List name of witness(es)

Name	Classification	Work Phone #

VII. REMEDY REQUESTED: Describe your desired outcome.

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VIII. COMPLAINANT SIGNATURE:

I believe the foregoing to be true and correct to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date