

CIVIL RIGHTS COMPLAINT FORM

This form should be used by members of the public to file a complaint of discrimination against the California Department of Resources, Recycling and Recovery (CalRecycle) that an individual believes occurred during the administration of its programs and services offered to the public. All complaints must be emailed to the CalRecycle Civil Rights Officer at (CivilRights@calrecycle.ca.gov).

Please answer all of the questions in this form that may apply to your situation to the best of your ability. You may use additional paper if needed. If you have any documents that support your complaint, please attach them to this Civil Rights Complaint Form. If you have any questions or need help completing the form, please contact CalRecycle's Civil Rights Officer.

Section 1. Contact Information

Instructions: Enter the complainant's name and contact information as well as the contact information for complainant's authorized representative, if any. Please contact CalRecycle's Civil Rights Officer to update this contact information if it changes before CalRecycle's resolution of this complaint. CalRecycle may be unable to complete an investigation or provide information on complaint resolution without current contact information.

CalRecycle will also accept anonymous complaints and will investigate them to the fullest extent possible. Submission of an anonymous complaint, however, may impede CalRecycle's ability to collect facts necessary to resolve the complaint.

A. Complainant Information

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| Are you submitting this complaint anonymously? | | |
| Yes | No | If no, please provide your contact information below. |
| Complainant Legal First and Last Name: | | |
| Complainant Address: | | |
| City/State/Zip: | | |
| Complainant Phone Number: | | |
| Complainant Email Address: | | |

B. Representative Information

| | | |
|--|----|---|
| Do you have an attorney or authorized representative who agreed to represent you in this matter? | | |
| Yes | No | If yes, please provide their contact information. |
| Name: | | |
| If applicable, attorney firm name: | | |
| Address: | | |
| City/State/Zip: | | |
| Phone Number: | | |
| Email Address: | | |

Section 2. Program or Activity

Instructions: Identify the CalRecycle program or activity administered by CalRecycle that committed the alleged discriminatory act(s); contact person(s) involved; and, if applicable, identify the CalRecycle contractor or subcontractor involved in the alleged discriminatory act(s). Identify whether you have filed your complaint with any State or Federal Agency by checking yes or no in the boxes provided.

C. Program or Activity Information

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| CalRecycle Program and Division/Unit: |
| CalRecycle Contact Person(s), if known: |
| CalRecycle Contractor or Subcontractor, if applicable: |
| Have you filed your complaint with any State or Federal agency? Yes No |
| Last Date of Harm (Month/Day/Year) _____ |

Section 3. Protected Class

Instructions: Identify the protected class of the person or group of people subject to the alleged discrimination. Refer to the definitions in the Civil Rights Complaint Policy. Checking boxes that do not apply may delay your complaint.

D. Protected Class Information

I allege that I experienced or witnessed: Discrimination Retaliation

Because of my (or if reporting on someone else's behalf, the victim's) actual or perceived:

sex, gender (including pregnancy, childbirth, breastfeeding or related medical conditions)

race

color

religion, creed

ancestry

national origin

ethnic group identification

age

mental disability

physical disability

medical condition

genetic information

marital status

sexual orientation

gender identity

gender expression

other (specify) _____

Section 4. Basis of Complaint

Instructions: Provide a detailed description of the alleged act(s) you believe are discriminatory in the boxes provided in sections (a) through (e). CalRecycle's Civil Rights Officer, or a designee, may contact you with follow-up questions to collect all facts necessary to resolve this complaint.

E. Basis of Compliant Information

- a. What act(s) occurred that you believe resulted in you or another person or people being discriminated against?

- b. Why do you believe the act(s) are discriminatory?

- e. Is there anyone else who witnessed or has knowledge of the alleged act(s) of discrimination? Please list the names and contact information, if available, of all persons who have knowledge of the act(s).

Section 5. Confidentiality

CalRecycle makes every effort to protect confidentiality of information provided, but CalRecycle cannot guarantee absolute confidentiality. Confidentiality will be protected and honored to the degree legally possible. However, anonymity and complete confidentiality cannot be guaranteed once a complaint is made to CalRecycle. You can help protect confidentiality by keeping the proceedings of any interviews with you confidential.

Section 6. Signature

Instructions: By submitting this document you are affirming that you are the complainant identified in Section 1 above and that to the best of your knowledge all of the information stated is true and correct, except matters stated on information and belief, which you believe to be true.

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| Complainant or Representative Signature: | Date: |
|---|--------------|