

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Supervisor John J. Benoit

SUBMITTAL DATE: April 3, 2014

SUBJECT: Updates to Policy Number C-25: Discrimination and Harassment Policy and Complaint Procedure. [District- All]

RECOMMENDED MOTION: That the Board of Supervisors:

1. That the Board approve and implement the changes to Policy Number C-25: Discrimination and Harassment Policy and Complaint Procedure.

BACKGROUND:

Policy Number C-25 currently outlines the County of Riverside's strong commitment to prohibit harassment, discrimination, and retaliation. Since the inception of Policy Number C-25, the State of California has enacted new law changing and expanding the definitions and classes of protected people that fall within harassment, discrimination, and retaliation. The proposed changes to Policy Number C-25 address the new laws governing harassment, discrimination, and retaliation. By implementing a policy that is inclusive and up-to-date on current laws, the County reinforces its commitment to prohibit and protect its employees and/or applicants from harassment, discrimination, and retaliation.



Supervisor John J. Benoit
Fourth District

**COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

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**NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY
AND COMPLAINT PROCEDURE**

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PURPOSE: The purpose of this policy is to protect the right of employees to be free from unlawful discrimination, harassment, and retaliation, and to set forth a procedure for promptly investigating and taking appropriate remedial action in dealing with internal complaints of unlawful discrimination, harassment, and retaliation.

SCOPE: This policy is applicable to all County of Riverside employees, including, but not limited to, contract workers, volunteers, interns, externs, and elected officials.

POLICY: To implement a policy regarding discrimination or harassment of an applicant or an employee by a supervisor, management employee, County Officer, or co-worker on the basis of actual or perceived race, color, national origin, ancestry, religious creed, denial of family and medical care leave, sex (including pregnancy and medical conditions related to pregnancy), age, disability (physical and mental), medical condition, genetic information, marital status, military and veteran status, sexual orientation, gender (including gender identity and gender expression), status as a victim of domestic violence, sexual assault, or stalking, and/or retaliation for protesting illegal discrimination and/or harassment related to one of these categories, or any other legally protected classes under state or federal law.

It is also the Policy of the Board of Supervisors to provide a work environment free from sexual harassment, including unwelcome sexual overtures, advances, or coercion although sexually harassing conduct need not be motivated by sexual desire.

Any retaliation against a person for opposing unlawful discrimination or harassment, filing a discrimination or harassment complaint, reporting discrimination or harassment, or participating in a discrimination or harassment investigation or lawsuit is prohibited. Employees found to be retaliating against another employee shall be subject to disciplinary action, up to and including termination.

This policy applies to all workplace behaviors and terms and conditions of employment, including but not limited to, hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leaves of absence, compensation and training. It applies to a County employee acting on behalf of the County on or off the job site.

Disciplinary action, up to and including termination, will be instituted for unlawful discrimination, harassment and/or retaliation as defined in this policy.

DEFINITIONS:

Discrimination - is the disparate or adverse treatment of a person or applicant based on the group, class, or category to which that person or applicant belongs rather than on individual merit. Group, class, or category includes, but is not limited to, race, color, national origin, ancestry, religious creed, denial of family and medical care leave, sex (including pregnancy and medical conditions related to pregnancy), age, disability (physical and mental), medical condition, genetic information, marital status, military and veteran status, sexual orientation, gender (including gender identity and gender expression), status as a victim of domestic

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violence, sexual assault, or stalking, and/or retaliation for protesting illegal discrimination and/or harassment related to one of these categories, or any other legally protected classes under state or federal law.

Harassment - can be a form of discrimination if it is unwelcome and is sufficiently severe or pervasive and objectively offensive so as to substantially interfere with terms, conditions, or privileges of employment. Harassment may be verbal, physical, visual, or sexual. It may be made in general or directed to an individual or a group of people. Even if actions are not directed at specific persons, a hostile environment may be created when the conduct is sufficiently severe or pervasive and objectively offensive so as to substantially interfere with or limit the terms, conditions, or privileges of employment. Harassment may occur regardless of whether the behavior was intended to harass. Harassers may be supervisors, managers, co-workers, contractors, or elected officials, or members of the public.

Verbal - speech, such as lewd propositioning, epithets, stereotypical or derogatory comments, slurs, threats, offensive or degrading remarks, verbal abuse, or other behavior such as insulting, teasing, degrading or ridiculing another person or group. This might include inappropriate sex-oriented comments or appearance, including dress or physical features, stories or jokes, or gender characteristics that do not conform to traditional or social expectations.

Physical Acts - unwelcome or inappropriate physical contact such as assault, impeding or blocking movement, or offensive touching, or any physical interference within normal work or movement when directed at an individual. This includes pinching, grabbing, patting, propositioning, leering, or making explicit or implied job threats or promises in return for submission to physical acts.

Visual Insults - derogatory, prejudicial, stereotypical, or otherwise offensive email messages, web pages, screen savers and other computer images; posters, photographs, cartoons, notes, notices, bulletins, or drawings; and staring or leering.

Sexual Harassment - unsolicited or unwanted sexual advances, requests for sexual favors and/or other acts of a sexual nature, whether or not the sexually harassing conduct was motivated by sexual desire, where submission is made a term or condition of employment; where submission or rejection of the conduct is used as the basis for employment decisions; or where the conduct is intended to or actually does unnecessarily interfere with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Retaliation - taking adverse employment action against an employee because of the employee's protected activities, including but not limited to opposing unlawful discrimination and/or harassment, filing a discrimination or harassment complaint, reporting discrimination or harassment, or participating in a discrimination or harassment investigation or lawsuit. Adverse employment actions may include, but are not necessarily limited to denial of a promotion, refusal to hire, and/or imposition of discipline.

COMPLAINT PROCEDURE: An employee or job applicant who believes he or she has been discriminated and/or harassed has a responsibility to immediately make a complaint either orally or in writing with any of the following:

- Immediate supervisor;

Deleted: , is any practice, process or action in the work place which works against equality of opportunity and against the ability of each person to be employed and to advance on the basis of merit, due to race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation, transgender issues, or other protected classes.

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For the purpose of clarification, sexual harassment may include, but is not limited to: ¶
¶
<#>Making unsolicited written, verbal, physical and/or visual contact with sexual overtones. Written examples: suggestive or obscene letters, notes or invitations. Verbal examples: comments on physical attributes, derogatory comments, slurs, jokes and epithets. Physical

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- Any supervisor or management employee/officer within the department, including the department head;
- Any supervisor or management employee/officer within the County of Riverside;
- The Human Resources Department.

Any supervisor or management employee, or County officer who receives a discrimination/harassment complaint shall: (1) provide the employee and/or job applicant with a copy of the C-25 policy and refer them to Attachment B, and (2) immediately notify the Human Resources Department. Failure to report complaints of discrimination or harassment to the Human Resources Department or failure to stop discrimination or harassment in the workplace may result in disciplinary action up to and including termination.

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The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH), the federal Equal Employment Opportunity Commission (EEOC), or the Department of Industrial Relations (DIR). An employee or job applicant may file a complaint with the DFEH by calling (800) 884-1684 or visiting the DFEH website at www.dfeh.ca.gov. The employee or job applicant may file a complaint with the EEOC by visiting the EEOC website for directions on how to file a charge of employment discrimination at www.eeoc.gov. The employee or job applicant may file a complaint for retaliation with the DIR by visiting the DIR website for direction on how to file a charge of employment discrimination at www.dir.ca.gov.

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Although the County recommends an employee who believes he or she may be the victim of discrimination, harassment, and/or retaliation to report such conduct, the County will not tolerate intentional false accusations of discrimination, harassment, and/or retaliation. The filing of any intentional false claims is considered unlawful and may result in disciplinary action up to and including termination.

COMPLAINT INVESTIGATION: Upon receiving notification of a discrimination/harassment complaint the Department Head, the Human Resources Director or designee, shall:

1. Immediately authorize and supervise the investigation of the complaint. The investigation shall, at a minimum, include interviews with the complainant, the accused harasser, and any other persons the Department Head or the Human Resources Director has reason to believe may have relevant knowledge concerning the complaint.
2. Review the factual information gathered through the investigation to determine whether the alleged conduct constitutes discrimination and/or harassment giving consideration to all actual information and the totality of the circumstance, including the nature of the visual, verbal, and/or physical conduct.
3. Take or recommend prompt and effective remedial action against the harasser if it is determined through the investigation that illegal discrimination and/or harassment occurred.

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4. Take reasonable steps to protect the complainant from further discrimination and/or harassment and any retaliation.
5. Take action to remedy the victim's loss, if any, which resulted from the harassment.

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REQUIREMENTS FOR MANAGERS AND SUPERVISORS:

- Set the example;
- Provide ALL personnel updated training and information concerning illegal discrimination or harassment;
- Take initial complaints seriously;
- Ensure that all managers and supervisors take immediate action;
- Provide the employee with the C-25 policy and complaint, and report each complaint in accordance with the County's internal Discrimination Complaint Procedure (attached);
- Disseminate this policy to all employees;
- Post federal and state employment posters, "Harassment of Discrimination in Employment is Prohibited by Law" in conspicuous places within the department; and

Disseminate the State of California "Sexual Harassment – The Facts About Sexual Harassment is Forbidden by Law" brochure to all departmental employees.

**ACKNOWLEDGMENT OF AND MANDATORY COMPLIANCE
WITH THE COUNTY OF RIVERSIDE
NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY**

I hereby acknowledge receipt of the County of Riverside Non-Discrimination and Anti-Harassment Policy. I understand that compliance with this policy is mandatory and violation of this policy may result in discipline up to and including termination. I also agree to remain apprised of future revisions to this policy and to abide by the terms of all such revisions.

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Employee Name: _____

Employee Signature: _____

Date: _____

This form shall be retained in employee's personnel file.

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Reference:

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**Minute Order 3.15 dated 12.8.98
(Resolution No. 98-363)**

FOLLOWING ARE:

**DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE ATTACHMENT 'A'
DISCRIMINATION AND HARASSMENT COMPLAINT FORM ATTACHMENT 'B'**

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ATTACHMENT A

**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92509-1569
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711**

NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT PROCEDURE

BASIS FOR FILING A COMPLAINT

Alleged illegal discrimination or harassment based on race, color, national origin, ancestry, religious creed, denial of family and medical care leave, sex (including pregnancy and medical conditions related to pregnancy), age, disability (physical and mental), medical condition, genetic information, marital status, military and veteran status, sexual orientation, gender (including gender identity and gender expression), status as a victim of domestic violence, sexual assault, or stalking, and/or retaliation for protesting illegal discrimination and/or harassment related to one of these categories, or any other legally protected classes under state or federal law.

WHO MAY FILE

County employees or applicants for County employment who believe they have been adversely affected by illegal discrimination or harassment concerning any term or condition of employment such as hiring, promotion, leaves of absence, termination, etc.

COMPLAINT PROCEDURE

An employee or job applicant, who believes he or she has been discriminated against or harassed, has a responsibility to immediately make a complaint either orally or in writing with any of the following: immediate supervisors; any supervisor or management employee/officer within the department, including the Agency/Department Head; any County of Riverside supervisor or management employee/officer or the Human Resources Department. (Any supervisor or management employee, or county officer who receives a discrimination or harassment complaint shall immediately notify the County's Human Resources Director).

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH), the federal Equal Employment Opportunity Commission (EEOC), or the Department of Industrial Relations (DIR). An employee or job applicant may file a complaint with the DFEH by calling (800) 884-1684 or visiting the DFEH website at www.dfeh.ca.gov. The employee or job applicant may file a complaint with the EEOC by visiting the EEOC website for directions on how to file a charge of employment discrimination at www.eeoc.gov. The employee or job applicant may file a complaint for retaliation with the DIR by visiting the DIR website for direction on how to file a charge of employment discrimination at www.dir.ca.gov.

WHEN TO FILE

A complaint which is determined to be appropriate for investigation should be filed with the County of Riverside within 90 calendar days of the alleged incident or occurrence.

THE INVESTIGATION

The assigned investigator serves as a neutral third party in seeking the facts and attempting to determine whether illegal discrimination or harassment did take place. Consequently, the assigned investigator does not function as the advocate of the complainant or of the County.

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Deleted: race, color, religion, sex, national origin, age, physical (including HIV and AIDS) sexual orientation, marital status, ancestry, medical condition or the denial of the provision of the federal Family & Medical Leave Act of 1993 (FMLA) or the California Family Rights Act of 1991 (CFRA)

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The Human Resources Director, or designee, will evaluate the information gathered within the investigation. Investigations against peace officers will be evaluated and reviewed by the appropriate public safety agency according to the Public Safety Official Procedural Bill of Rights (Govt. Code §§3300-3312.). If the complaint is substantiated, the Human Resources Director, or designee, or public safety agency, will advise the Agency/Department Head or other appropriate County official(s) in order to remedy the situation and eliminate the practices which caused the problem. Complainants will be advised, in writing, of findings and conclusions.

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POINT TO REMEMBER¶
There are employment practices which may be unfair but are not illegal. Unless you have some information to support your belief of being illegally discriminated against or harassed in connection with one of the above listed bases, your complaint may not be accepted or substantiated.¶
¶
You are, however, welcome to discuss your complaint with a representative of the Human Resources Department in order to examine its merits. Representatives of the Human Resources Department, managers, officers and supervisors cannot promise confidentiality; if it appears illegal discrimination or harassment did occur, steps must be taken to affect an appropriate remedy.¶
-----Section Break (Continuous)-----

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ATTACHMENT B

COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92509-1569
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711(951) 781-4465

DISCRIMINATION AND HARASSMENT COMPLAINT FORM
(Please Type or Print Using Ink)

I. NAME: _____ DATE: ____ / ____ / ____
ADDRESS: _____ CITY/ZIP CODE: _____
CLASS TITLE: _____ DEPARTMENT: _____
PHONE: BUSINESS () _____ HOME: () _____

I prefer to be contacted at: WORK ☐ HOME ☐ DAYS ☐ TIME _____ AM/PM

Person to contact if I cannot be reached: _____

Telephone number of contact person: () _____

II. Name/Title of person(s) or department(s) you believe discriminated against or harassed you?

How do you feel you were discriminated against or harassed? (Please indicate only those which apply)

- a. Misinterpretation or misapplication of Memorandum of Understanding, Management Resolution, or Salary Ordinance: _____
- b. Probationary Release: _____
- c. Other (specify): _____

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III. On what basis do you feel you were discriminated against or harassed?

(Indicate only those which apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Family & Medical Leave Act |
| <input type="checkbox"/> Color | <input type="checkbox"/> Transgender Issue | <input type="checkbox"/> CA. Family Rights Act |
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> CA. Pregnancy Disability Act |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> <u>Military/Veteran Status</u> | <input type="checkbox"/> <u>Domestic Violence/Sexual
Assault/Stalking</u> | |

IV. Date of most recent occurrence which gave rise to alleged discrimination or harassment:

____/____/____

What reasons, if any, were given to you by the County for the action taken?

V. What information do you have to indicate you were affected by discrimination? Please be as specific as possible and include all pertinent dates, names and incidents involving the alleged discrimination.

(Use the back of the page or attach a separate sheet, if needed. Please feel free to also provide additional documentation as attachments to support your complaint)

VI. What reasons, if any, were given to you by the County for the action taken?

VII. Why do you believe the unfair treatment you described was based on the cause(s) of discrimination or harassment you checked?

VIII. Have you filed a grievance regarding this matter? YES ☐ NO ☐

Date grievance was filed (if applicable): _____

Organization: _____ Representative: _____

COUNTY OF RIVERSIDE, CALIFORNIA
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AND COMPLAINT PROCEDURE

Do you have an attorney? YES ☐ NO ☐

If so, please provide name, address and telephone number:

Have you filed a complaint relative to this matter with any other agency?

If so, please check the appropriate space:

☐ Equal Employment Opportunity Commission Date: _____
☐ California Department of Fair Employment and Housing Date: _____
☐ Other (specify): _____ Date: _____

IX. Specify actions that have been taken to resolve the complaint informally:

X. State names, job titles and phone numbers (if possible) of witnesses you feel can provide evidence:

XI. What action do you request the County to take?

My signature hereby authorized the assigned investigator to gather all essential information in the investigation of my complaint, and if necessary, to share this information with other parties involved in the resolution of this complaint.

SIGNATURE OF COMPLAINANT

DATE

Revised 04/02/14

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For the purpose of clarification, sexual harassment may include, but is not limited to:

Making unsolicited written, verbal, physical and/or visual contact with sexual overtones. Written examples: suggestive or obscene letters, notes or invitations. Verbal examples: comments on physical attributes, derogatory comments, slurs, jokes and epithets. Physical examples: assault, touching, following, impeding or blocking movements. Visual examples: leering, gestures, display of sexually suggestive objects, pictures, cartoons or posters.

Continuing to express sexual interest after being informed that such interest is unwelcome. (Reciprocal attraction is not considered sexual harassment.)

Making reprisals, threats of reprisal, or implied threats of reprisal following a negative response to sexual advances. For example, either implying or actually withholding support for an appointment, promotion, or change of assignment; suggesting a poor work performance evaluation will be prepared, or suggesting a demotion or probationary period will be extended or failed.

Engaging in implicit or explicit coercive sexual behavior, which is used to control, influence, or affect the career, salary, and/or work environment of another employee.

Offering favors of employment benefits such as, promotions, favorable work performance evaluations, favorable assigned duties or shifts, recommendations, reclassifications, etc., in exchange for sexual favors.

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PURPOSE: The purpose of this policy is to protect the right of employees to be free from unlawful discrimination, harassment, and retaliation, and to set forth a procedure for promptly investigating and taking appropriate remedial action in dealing with internal complaints of unlawful discrimination, harassment, and retaliation.

SCOPE: This policy is applicable to all County of Riverside employees, including, but not limited to, contract workers, volunteers, interns, externs, and elected officials.

POLICY: To implement a policy regarding discrimination or harassment of an applicant or an employee by a supervisor, management employee, County Officer, or co-worker on the basis of actual or perceived race, color, national origin, ancestry, religious creed, denial of family and medical care leave, sex (including pregnancy and medical conditions related to pregnancy), age, disability (physical and mental), medical condition, genetic information, marital status, military and veteran status, sexual orientation, gender (including gender identity and gender expression), status as a victim of domestic violence, sexual assault, or stalking, and/or retaliation for protesting illegal discrimination and/or harassment related to one of these categories, or any other legally protected classes under state or federal law.

It is also the Policy of the Board of Supervisors to provide a work environment free from sexual harassment, including unwelcome sexual overtures, advances, or coercion although sexually harassing conduct need not be motivated by sexual desire.

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Retaliation –taking adverse employment action against an employee because of the employee's protected activities, including but not limited to opposing unlawful discrimination

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and/or harassment, filing a discrimination or harassment complaint, reporting discrimination or harassment, or participating in a discrimination or harassment investigation or lawsuit. Adverse employment actions may include, but are not necessarily limited to denial of a promotion, refusal to hire, and/or imposition of discipline.

COMPLAINT PROCEDURE: An employee or job applicant who believes he or she has been discriminated and/or harassed has a responsibility to immediately make a complaint either orally or in writing with any of the following:

- Immediate supervisor;
- Any supervisor or management employee/officer within the department, including the department head;
- Any supervisor or management employee/officer within the County of Riverside;
- The Human Resources Department, Employee Relations Division.

Any supervisor or management employee, or County officer who receives a discrimination/harassment complaint shall: (1) provide the employee and/or job applicant with a copy of the C-25 policy and refer them to Attachment B, and (2) immediately notify the Human Resources Department.

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH), the federal Equal Employment Opportunity Commission (EEOC), or the Department of Industrial Relations (DIR). An employee or job applicant may file a complaint with the DFEH by calling (800) 884-1684 or visiting the DFEH website at www.dfeh.ca.gov. The employee or job applicant may file a complaint with the EEOC by visiting the EEOC website for directions on how to file a charge of employment discrimination at www.eeoc.gov. The employee or job applicant may file a complaint for retaliation with the DIR by visiting the DIR website for direction on how to file a charge of employment discrimination at www.dir.ca.gov.

Although the County recommends an employee who believes he or she may be the victim of discrimination, harassment, and/or retaliation to report such conduct, the County will not tolerate intentional false accusations of discrimination, harassment, and/or retaliation. The filing of any intentional false claims is considered unlawful and may result in disciplinary action up to and including termination.

COMPLAINT INVESTIGATION: Upon receiving notification of a discrimination/harassment complaint, the Department Head, the Human Resources Director or designee, shall:

1. Immediately authorize and supervise the investigation of the complaint. The investigation shall, at a minimum, include interviews with the complainant, the accused harasser, and any other persons the Department Head or the Human Resources Director has reason to believe may have relevant knowledge concerning the complaint.

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2. Review the factual information gathered through the investigation to determine whether the alleged conduct constitutes discrimination and/or harassment giving consideration to all actual information and the totality of the circumstance, including the nature of the visual, verbal, and/or physical conduct.
3. Take or recommend prompt and effective remedial action against the harasser if it is determined through the investigation that illegal discrimination and/or harassment occurred.
4. Take reasonable steps to protect the complainant from further discrimination and/or harassment and any retaliation.
5. Take action to remedy the victim's loss, if any, which resulted from the harassment.

REQUIREMENTS FOR MANAGERS AND SUPERVISORS:

- Set the example;
- Provide ALL personnel updated training and information concerning illegal discrimination or harassment;
- Take initial complaints seriously;
- Ensure that all managers and supervisors take immediate action;
- Provide the employee with the C-25 policy and complaint, and report each complaint in accordance with the County's internal Discrimination Complaint Procedure (attached);
- Disseminate this policy to all employees;
- Post federal and state employment posters, "Harassment of Discrimination in Employment is Prohibited by Law" in conspicuous places within the department; and
- Disseminate the State of California "Sexual Harassment – The Facts About Sexual Harassment is Forbidden by Law" brochure to all departmental employees.

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**ACKNOWLEDGMENT OF AND MANDATORY COMPLIANCE
WITH THE COUNTY OF RIVERSIDE
NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY**

I hereby acknowledge receipt of the County of Riverside Non-Discrimination and Anti-Harassment Policy. I understand that compliance with this policy is mandatory and violation of this policy may result in discipline up to and including termination. I also agree to remain apprised of future revisions to this policy and to abide by the terms of all such revisions.

Employee Name: _____

Employee Signature: _____

Date: _____

This form shall be retained in employee's personnel file.

Reference:
Minute Order 3.15 dated 12.8.98
(Resolution No. 98-363)

FOLLOWING ARE:

DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE ATTACHMENT 'A'
DISCRIMINATION AND HARASSMENT COMPLAINT FORM ATTACHMENT 'B'

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ATTACHMENT A

**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92509-1569
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711**

NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT PROCEDURE

BASIS FOR FILING A COMPLAINT

Alleged illegal discrimination or harassment based on race, color, national origin, ancestry, religious creed, denial of family and medical care leave, sex (including pregnancy and medical conditions related to pregnancy), age, disability (physical and mental), medical condition, genetic information, marital status, military and veteran status, sexual orientation, gender (including gender identity and gender expression), status as a victim of domestic violence, sexual assault, or stalking, and/or retaliation for protesting illegal discrimination and/or harassment related to one of these categories, or any other legally protected classes under state or federal law.

WHO MAY FILE

County employees or applicants for County employment who believe they have been adversely affected by illegal discrimination or harassment concerning any term or condition of employment such as hiring, promotion, leaves of absence, termination, etc.

COMPLAINT PROCEDURE

An employee or job applicant, who believes he or she has been discriminated against or harassed, has a responsibility to immediately make a complaint either orally or in writing with any of the following: immediate supervisors; any supervisor or management employee/officer within the department, including the Agency/Department Head; any County of Riverside supervisor or management employee/officer or the Human Resources Department. (Any supervisor or management employee, or county officer who receives a discrimination or harassment complaint shall immediately notify the County's Human Resources Director).

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH), the federal Equal Employment Opportunity Commission (EEOC), or the Department of Industrial Relations (DIR). An employee or job applicant may file a complaint with the DFEH by calling (800) 884-1684 or visiting the DFEH website at www.dfeh.ca.gov. The employee or job applicant may file a complaint with the EEOC by visiting the EEOC website for directions on how to file a charge of employment discrimination at www.eeoc.gov. The employee or job applicant may file a complaint for retaliation with the DIR by visiting the DIR website for direction on how to file a charge of employment discrimination at www.dir.ca.gov.

WHEN TO FILE

A complaint which is determined to be appropriate for investigation should be filed with the County of Riverside within 90 calendar days of the alleged incident or occurrence.

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THE INVESTIGATION

The assigned investigator serves as a neutral third party in seeking the facts and attempting to determine whether illegal discrimination or harassment did take place. Consequently, the assigned investigator does not function as the advocate of the complainant or of the County.

The Human Resources Director, or designee, will evaluate the information gathered within the investigation. If the complaint is substantiated, the Human Resources Director, or designee, will advise the Agency/Department Head or other appropriate County official(s) in order to remedy the situation and eliminate the practices which caused the problem. Complainants will be advised, in writing, of findings and conclusions.

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ATTACHMENT B

**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92509-1569
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711(951) 781-4465**

**DISCRIMINATION AND HARASSMENT COMPLAINT FORM
(Please Type or Print Using Ink)**

I. NAME: _____ **DATE:** ____/____/____
ADDRESS: _____ **CITY/ZIP CODE:** _____
CLASS TITLE: _____ **DEPARTMENT:** _____
PHONE: BUSINESS () _____ **HOME: ()** _____

I prefer to be contacted at: WORK ☐ HOME ☐ DAYS ☐ TIME _____ AM/PM

Person to contact if I cannot be reached: _____

Telephone number of contact person: () _____

II. Name/Title of person(s) or department(s) you believe discriminated against or harassed you?

How do you feel you were discriminated against or harassed? (Please indicate only those which apply)

- a. Misinterpretation or misapplication of Memorandum of Understanding, Management Resolution, or Salary Ordinance:** _____
- b. Probationary Release:** _____
- c. Other (specify):** _____

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III. On what basis do you feel you were discriminated against or harassed?

(Indicate only those which apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Family & Medical Leave Act |
| <input type="checkbox"/> Color | <input type="checkbox"/> Transgender Issue | <input type="checkbox"/> CA. Family Rights Act |
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> CA. Pregnancy Disability Act |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Domestic Violence/Sexual
Assault/Stalking | |

IV. Date of most recent occurrence which gave rise to alleged discrimination or harassment:

____ / ____ / ____

What reasons, if any, were given to you by the County for the action taken?

V. What information do you have to indicate you were affected by discrimination? Please be as specific as possible and include all pertinent dates, names and incidents involving the alleged discrimination.

(Use the back of the page or attach a separate sheet, if needed. Please feel free to also provide additional documentation as attachments to support your complaint)

VI. What reasons, if any, were given to you by the County for the action taken?

VII. Why do you believe the unfair treatment you described was based on the cause(s) of discrimination or harassment you checked?

VIII. Have you filed a grievance regarding this matter? YES ☐ NO ☐

Date grievance was filed (if applicable): _____

Organization: _____

Representative: _____

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Do you have an attorney? YES ☐ NO ☐

If so, please provide name, address and telephone number:

Have you filed a complaint relative to this matter with any other agency?

If so, please check the appropriate space:

☐ **Equal Employment Opportunity Commission**

Date: _____

☐ **California Department of Fair Employment and Housing**

Date: _____

☐ **Other (specify):** _____

Date: _____

IX. Specify actions that have been taken to resolve the complaint informally:

X. State names, job titles and phone numbers (if possible) of witnesses you feel can provide evidence:

XI. What action do you request the County to take?

My signature hereby authorized the assigned investigator to gather all essential information in the investigation of my complaint, and if necessary, to share this information with other parties involved in the resolution of this complaint.

SIGNATURE OF COMPLAINANT

DATE