

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

916



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
October 10, 2014

**SUBJECT:** Revisions to Board Policy C-25: Non-Discrimination and Anti-Harassment Policy and Complaint Procedure [District - ALL] [Total Cost - \$0] [SOURCE OF FUNDS-N/A]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve revisions to Board Policy C-25: Non-Discrimination and Anti-Harassment Policy and Complaint Procedure (Attachment A)

**BACKGROUND:**

**Summary**

The County of Riverside's Non-Discrimination and Anti-Harassment Policy and Complaint Procedure (Board Policy C-25) outlines the County's commitment to prohibit harassment, discrimination, and retaliation. As part of that commitment the County is responsible for ensuring compliance of new legislation and ensuring any new requirements are incorporated into our policies. Accordingly, Human Resources has conducted a review of Board Policy C-25 and is recommending modifications to the policy.

Departmental Concurrence

Michael T. Stock  
Asst. County Executive Officer/  
Human Resources Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

**SOURCE OF FUNDS:** N/A

**Budget Adjustment:** No  
**For Fiscal Year:** 2014/15

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY: *Samuel Wong 10/21/14*  
Samuel Wong

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

- A-30
- 4/5 Vote
- Positions Added
- Change Order

**Prev. Agn. Ref.:** 04/08/14; 3-34 | **District:** ALL | **Agenda Number:**

**3-12**

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11: Revisions to Board Policy C-25: Non-Discrimination and Anti-Harassment Policy and Complaint Procedure [District - ALL] [Total Cost - \$0] [SOURCE OF FUNDS-N/A]**

**DATE: October 10, 2014**

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**BACKGROUND:**

**Summary (continued)**

California state law AB 1825 mandates employers to provide at least two (2) hours of effective training to all management and supervisory employees on the prevention of sexual harassment, discrimination and retaliation every two (2) years. California's Governor recently signed AB 2053 which expands the scope of the AB 1825 sexual harassment training to include "abusive conduct." AB 2053 goes into effect January 1, 2015 and we are recommending adding language to Board Policy C-25 in order to be compliant with this new legislation. In light of AB 1825 and AB 2053 we recognized current Board Policy C-25 doesn't explicitly state a timeframe after hire or promotion an employee is expected to attend harassment prevention training and how often thereafter they are required to attend. Therefore, we are also recommending additional language to the policy to establish training timelines and expectations.

Additionally, Board Policy C-25 is designed to encompass all of the departments within the County and to provide a method for reporting and investigating discrimination, harassment and retaliation complaints. The policy, as currently written, does not clarify the reporting and investigation requirements of the public safety agencies (Sheriff's Department, District Attorney's Office, and Probation Department) within the County. The public safety agencies have additional responsibilities to comply with legal statutes such as the Peace Officer Bill of Rights (POBR), California Government Code Sections 3300-3313, Penal Code Section 832.7, and California Evidence Code Sections 1043 and 1046.

In light of the unique nature of the public safety administrative investigations, the Human Resources Department is recommending modifications to the policy that would clarify the authority of the public safety agencies to conduct their own investigations related to C-25 violations and to ensure that the Human Resources Department (also the County's Equal Employment Opportunity compliance office) receives copies of the actual complaint filings as well as administrative investigation outcomes.

The recommended modifications are intended to clarify the following:

- clarifies that the public safety agencies will notify the Human Resources Department of any verbal or written complaint received by the public safety agency
- grants the public safety agency the authority as well as the requirement to conduct the investigation pursuant to any legal statutes
- clarifies that at the conclusion of the investigation, the public safety agency will provide the Human Resources Department with the complaint disposition
- clarifies that the Sheriff or District Attorney disciplinary actions resulting from C-25 investigations will be consistent with Countywide actions taken for similar acts or omissions (the Probation Department will continue to consult with the Human Resources Department as to level of discipline as they do now)
- establishes that the administrative investigation files shall be maintained by the respective public safety agency pursuant to any applicable laws
- clarifies that the Human Resources Department will continue to work collaboratively with the public safety agencies as the Human Resources Department responds to external federal or State agencies

The recommended modifications will help to ensure Board Policy C-25 is being administered consistently countywide and the County is in compliance with applicable statutes.

Lastly, we are recommending the Board approve the modifications to the C-25 complaint form which will be available in both hard copy as well as an interactive electronic format.

Board Policy C-25 with the recommended revisions is attached for reference.

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

<b>Subject:</b>	<b><u>Policy Number</u></b>	<b><u>Page</u></b>
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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.

**TRAINING:** All non-management or non-supervisory employees shall attend Employee Harassment Prevention Training (offered by Human Resources) within the first six (6) months of hire and every four (4) years thereafter.

All supervisory and management employees shall attend Management Harassment Prevention Training (offered by Human Resources) within the first six (6) months of the hire/promotion date and every two (2) years thereafter.

The training provided shall include the prevention of abusive conduct.

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**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 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

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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;
- 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](http://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](http://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](http://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.

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**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.
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.

**COMPLAINT PROCEDURE FOR PUBLIC SAFETY AGENCIES:** Public safety agencies (Riverside County Sheriff's Department, District Attorney's Office, and Probation Department) are charged with conducting investigations of allegations of violation of this policy. These departments shall comply with the Peace Officer Bill of Rights (POBR), California Government Code Sections 3300-3313, for peace officers employed in their departments.

In order to ensure consistency countywide the public safety agencies shall:

1. Upon receipt of verbal notification of a C-25 complaint, the public safety agency shall cross-report in writing the name of the complainant(s), name of the accused, allegation(s), and a brief summary of which the complaint is based to the Human Resources Employee Relations Division. The public safety agency will provide a copy of any written complaint received to the Human Resources Employee Relations Division.
2. The public safety agency will conduct the investigation pursuant to the requirements set forth in POBR §3303, for peace officers employed in their departments.
3. At the conclusion of the investigation, the public safety agency shall provide the Human Resources Employee Relations Division with the complaint disposition (i.e. sustained, not-sustained, or unfounded) within 30 working days of the conclusion of the

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investigation.

4. For investigations conducted by the Sheriff's Department or District Attorney's Office against an employee within their respective chains of command, any disciplinary action taken shall be at the discretion of the Department Head. However, the level of discipline must be consistent with countywide disciplinary actions taken with similar acts or omissions related to this policy.
5. Pursuant to Penal Code Section 832.7, the completed investigation shall be maintained by the public safety agency and only disclosed pursuant to Sections 1043 and 1046 of the Evidence Code or other enforceable court process.
6. The Human Resources Department shall work collaboratively with the public safety agencies on responses to complaints filed with external federal or state agencies including, but not limited to, the Department of Fair Employment and Housing, the Equal Employment Opportunity Commission, and the Department of Labor.

**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 3-34 dated 4.8.14  
Minute Order 3.67 dated 9.13.11  
Minute Order 3.15 dated 12.8.98  
(Resolution No. 98-363)**

**FOLLOWING ARE:**

**NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT PROCEDURE ATTACHMENT 'A'**

**NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT FORM ATTACHMENT 'B'**



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**ATTACHMENT A**

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**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT  
4080 LEMON STREET, POST OFFICE BOX 1569  
RIVERSIDE, CA 92502-1569  
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711**

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

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**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](http://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](http://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](http://www.dir.ca.gov).

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**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.

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**

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**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT  
4080 LEMON STREET, POST OFFICE BOX 1569  
RIVERSIDE, CA 92502-1569  
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711**

**DISCRIMINATION / HARASSMENT / RETALIATION COMPLAINT FORM**  
(Attach additional pages to this form as necessary)

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**I. GENERAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Preferred Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Preferred Contact Number: (Check all that apply) Home  Work  Cell

What is your relationship with the County of Riverside?

Current Employee  Former Employee  If former employee, last date of employment: \_\_\_\_\_

Applicant for Employment  Other  Specify: \_\_\_\_\_

**II. COMPLAINT INFORMATION**

Indicate the type(s) of complaint being filed: Discrimination  Harassment  Retaliation

For Discrimination or Harassment complaint, indicate the protected class(es) you belong to that serve(s) as the basis(es) of the allegation: (Select all that apply)

Religious creed  Race/Color  National origin/Ancestry

Age  Disability  Genetic information

Sex  Medical leave  Medical condition

Gender  Marital status  Sexual orientation

Military/Veteran Status  Victim of domestic violence/sexual assault/stalking

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**AND COMPLAINT PROCEDURE**

Retaliation for protesting illegal discrimination and/or harassment related to protected class(es)   

Other     Specify: \_\_\_\_\_

For Retaliation complaint, indicate the activity you engaged in that served as the basis for the allegation.

Identify the Accused against whom this complaint is made.

Name of Accused:	Title of Accused:	Relationship to you:

Describe the incident(s), including dates, times and locations giving rise to your complaint.

For Harassment or Sexual Harassment complaint, please explain why the conduct was offensive to you.

Describe the specific harm you have suffered resulting from the incident(s).

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**III. WITNESSES**

**Identify individuals who may have witnessed or have knowledge of the incident(s). Attach additional names as necessary.**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

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**IV. ATTEMPTED RESOLUTION**

**Was an Informal Resolution sought?**

No     Yes     If yes, with whom? \_\_\_\_\_ Date \_\_\_\_\_

**What was the outcome?** \_\_\_\_\_

**Have you filed a grievance regarding this matter?**    No     Yes

If yes, date grievance was filed \_\_\_\_\_ Organization \_\_\_\_\_

Labor Representative \_\_\_\_\_

**Do you have an attorney?**    No     Yes

**If represented by an attorney, please provide name, address and telephone number of attorney:**

**Have you filed a complaint relative to this matter with any other agency?**    No     Yes   
**If yes, please check the appropriate box(es):**

   EEOC    Date filed \_\_\_\_\_

   DFEH    Date filed \_\_\_\_\_

   DIR    Date filed \_\_\_\_\_

**V. DOCUMENTATION**

**Do you have any documents that support your complaint?**    No     Yes

**If yes, please list and attach relevant copies with this Complaint:**

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**VI. EXPECTED OUTCOME**

**What outcome(s) do you expect from filing your complaint? Be as specific as possible.**

**AUTHORIZATION**

**I certify that the information given in this complaint is true and correct to the best of my knowledge/belief.**

**Print Name of Complainant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Complainant** \_\_\_\_\_

**EMPLOYEE RELATIONS ONLY:**

Received by \_\_\_\_\_ Date \_\_\_\_\_





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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.

TRAINING: All non-management or non-supervisory employees shall attend Employee Harassment Prevention Training (offered by Human Resources) within the first six (6) months of hire and every four (4) years thereafter.

All supervisory and management employees shall attend Management Harassment Prevention Training (offered by Human Resources) within the first six (6) months of the hire/promotion date and every two (2) years thereafter.

The training provided shall include the prevention of abusive conduct.

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**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 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

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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;
- 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](http://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](http://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](http://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.

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**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.
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.

**COMPLAINT PROCEDURE FOR PUBLIC SAFETY AGENCIES:** Public safety agencies (Riverside County Sheriff's Department, District Attorney's Office, and Probation Department) are charged with conducting investigations of allegations of violation of this policy. These departments shall comply with the Peace Officer Bill of Rights (POBR), California Government Code Sections 3300-3313, for peace officers employed in their departments.

In order to ensure consistency countywide the public safety agencies shall:

1. Upon receipt of verbal notification of a C-25 complaint, the public safety agency shall cross-report in writing the name of the complainant(s), name of the accused, allegation(s), and a brief summary of which the complaint is based to the Human Resources Employee Relations Division. The public safety agency will provide a copy of any written complaint received to the Human Resources Employee Relations Division.
2. The public safety agency will conduct the investigation pursuant to the requirements set forth in POBR §3303, for peace officers employed in their departments.
3. At the conclusion of the investigation, the public safety agency shall provide the Human Resources Employee Relations Division with the complaint disposition (i.e. sustained, not-sustained, or unfounded) within 30 working days of the conclusion of the

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investigation.

4. For investigations conducted by the Sheriff's Department or District Attorney's Office against an employee within their respective chains of command, any disciplinary action taken shall be at the discretion of the Department Head. However, the level of discipline must be consistent with countywide disciplinary actions taken with similar acts or omissions related to this policy.
5. Pursuant to Penal Code Section 832.7, the completed investigation shall be maintained by the public safety agency and only disclosed pursuant to Sections 1043 and 1046 of the Evidence Code or other enforceable court process.
6. The Human Resources Department shall work collaboratively with the public safety agencies on responses to complaints filed with external federal or state agencies including, but not limited to, the Department of Fair Employment and Housing, the Equal Employment Opportunity Commission, and the Department of Labor.

**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 3-34 dated 4.8.14

Minute Order 3.67 dated 9.13.11

Minute Order 3.15 dated 12.8.98

(Resolution No. 98-363)

**FOLLOWING ARE:**

| **NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT PROCEDURE ATTACHMENT 'A'**

| **NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT FORM ATTACHMENT 'B'**

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**ATTACHMENT A**

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**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT  
4080 LEMON STREET, POST OFFICE BOX 1569  
RIVERSIDE, CA 92502-1569  
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711**

Deleted: 92509

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

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**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](http://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](http://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](http://www.dir.ca.gov).

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**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.

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 92502-1569  
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: 711

DISCRIMINATION / HARASSMENT / RETALIATION COMPLAINT FORM  
(Attach additional pages to this form as necessary)

Deleted: 9  
Deleted: (951) 781-4465  
Deleted: AND  
Deleted: Please Type or Print Using Ink

I. GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Title \_\_\_\_\_ Department \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Preferred Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Preferred Contact Number: (Check all that apply) Home  Work  Cell   
What is your relationship with the County of Riverside?  
Current Employee  Former Employee  If former employee, last date of employment: \_\_\_\_\_  
Applicant for Employment  Other  Specify: \_\_\_\_\_

II. COMPLAINT INFORMATION

Indicate the type(s) of complaint being filed: Discrimination  Harassment  Retaliation   
For Discrimination or Harassment complaint, indicate the protected class(es) you belong to that serve(s) as the basis(es) of the allegation: (Select all that apply)  
Religious creed  Race/Color  National origin/Ancestry   
Age  Disability  Genetic information   
Sex  Medical leave  Medical condition   
Gender  Marital status  Sexual orientation   
Military/Veteran Status  Victim of domestic violence/sexual assault/stalking

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Retaliation for protesting illegal discrimination and/or harassment related to protected class(es)

Other  Specify:

For Retaliation complaint, indicate the activity you engaged in that served as the basis for the allegation.

Identify the Accused against whom this complaint is made.

Name of Accused: Title of Accused: Relationship to you:

<u>Name of Accused:</u>	<u>Title of Accused:</u>	<u>Relationship to you:</u>

Describe the incident(s), including dates, times and locations giving rise to your complaint.

For Harassment or Sexual Harassment complaint, please explain why the conduct was offensive to you.

Describe the specific harm you have suffered resulting from the incident(s).

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**III. WITNESSES**

Identify individuals who may have witnessed or have knowledge of the incident(s). Attach additional names as necessary.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

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**IV. ATTEMPTED RESOLUTION**

**Was an Informal Resolution sought?**

**No**  **Yes**  **If yes, with whom?** \_\_\_\_\_ **Date** \_\_\_\_\_

**What was the outcome?** \_\_\_\_\_

**Have you filed a grievance regarding this matter?** **No**  **Yes**

\_\_\_\_\_ **If yes, date grievance was filed** \_\_\_\_\_ **Organization** \_\_\_\_\_

\_\_\_\_\_ **Labor Representative** \_\_\_\_\_

**Do you have an attorney?** **No**  **Yes**

**If represented by an attorney, please provide name, address and telephone number of attorney:**

**Have you filed a complaint relative to this matter with any other agency?** **No**  **Yes**

**If yes, please check the appropriate box(es):**

**EEOC** \_\_\_\_\_ **Date filed** \_\_\_\_\_

**DFEH** \_\_\_\_\_ **Date filed** \_\_\_\_\_

**DIR** \_\_\_\_\_ **Date filed** \_\_\_\_\_

**V. DOCUMENTATION**

**Do you have any documents that support your complaint?** **No**  **Yes**

**If yes, please list and attach relevant copies with this Complaint:**

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VI. EXPECTED OUTCOME

What outcome(s) do you expect from filing your complaint? Be as specific as possible.

AUTHORIZATION

I certify that the information given in this complaint is true and correct to the best of my knowledge/belief.

Print Name of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Complainant \_\_\_\_\_

EMPLOYEE RELATIONS ONLY:  
Received by \_\_\_\_\_ Date \_\_\_\_\_

Deleted: ¶  
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) \_\_\_\_\_  
Misinterpretation or misapplication of Memorandum of Understanding, Management Resolution, or Salary Ordinance: \_\_\_\_\_

Probationary Release: \_\_\_\_\_  
Other (specify): \_\_\_\_\_  
\_\_\_\_\_

III. On what basis do you feel you were discriminated against or harassed? \_\_\_\_\_ (Indicate only those which apply) \_\_\_\_\_  
 ... [1]

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)

Misinterpretation or misapplication of Memorandum of Understanding, Management Resolution, or Salary Ordinance: \_\_\_\_\_  
 Probationary Release: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

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<br>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?

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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)*

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

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

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

Date grievance was filed (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_ Representative: \_\_\_\_\_

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.

\_\_\_\_\_



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**SIGNATURE OF COMPLAINANT**

Revised 04/02/14

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**DATE**

