City of SACRAMENTO

Charge of Discrimination Form

Name | Home Phone Number

Address | Job Title

City | State | Zip Code

Indicate the person or persons who discriminated against you. (If more than one, list on Page 2 of this form.)

Name | Work Phone Number

Work Address | Job Title

City | State | Zip Code

Cause of discrimination is based on (check the appropriate boxes).

- ☐ Race
- ☐ Age
- ☐ Color
- ☐ Sex
- ☐ Sexual Orientation
- ☐ Gender
- ☐ Religion
- ☐ National Origin
- ☐ Religious Creed
- ☐ Ancestry
- ☐ Gender Identity
- ☐ Breastfeeding
- ☐ Veteran Status
- ☐ Political Affiliation
- ☐ Medical Condition
- ☐ Genetic Information
- ☐ Pregnancy-Related Condition
- ☐ Physical or Mental Disability
- ☐ Marital Status Unrelated to Job Requirements
- ☐ Other (please specify)

Date of most recent act of discrimination (month, day, year) Date:

Indicate the remedy you seek.

Give a concise statement on how you have been discriminated against.

I declare that the above charge is true to the best of my knowledge, information and belief.

Signature

Date

Please note that failure to complete and submit a Charge of Discrimination Form shall not preclude an inquiry/investigation.

Submit Form