How to File a Discrimination Complaint in California

The following guide provides step-by-step instructions for completing an Intake Form with the California Civil Rights Department ("CRD") for workers who believe have been discriminated against, harassed, and/or retaliated against by their employer based on their protected characteristic or status, such as race, national origin, gender, disability, sex, among others. If you think you were treated unfairly at work because of discrimination, harassment, or retaliation, you have **3 years from the last time it happened** to file a complaint with the CRD. If you want to sue your employer, you must first go through the CRD complaint process.

This guide is an informational resource designed for you to understand and navigate the employment complaint process of the CRD, and the instructions below are presented to correspond with where you enter the information on the form. This guide is not legal advice and should not be relied upon as a substitute for advice from a qualified attorney or other professional. This guide is not affiliated with, endorsed by, or sponsored by any government agency, and users should verify current requirements directly with the relevant agency.

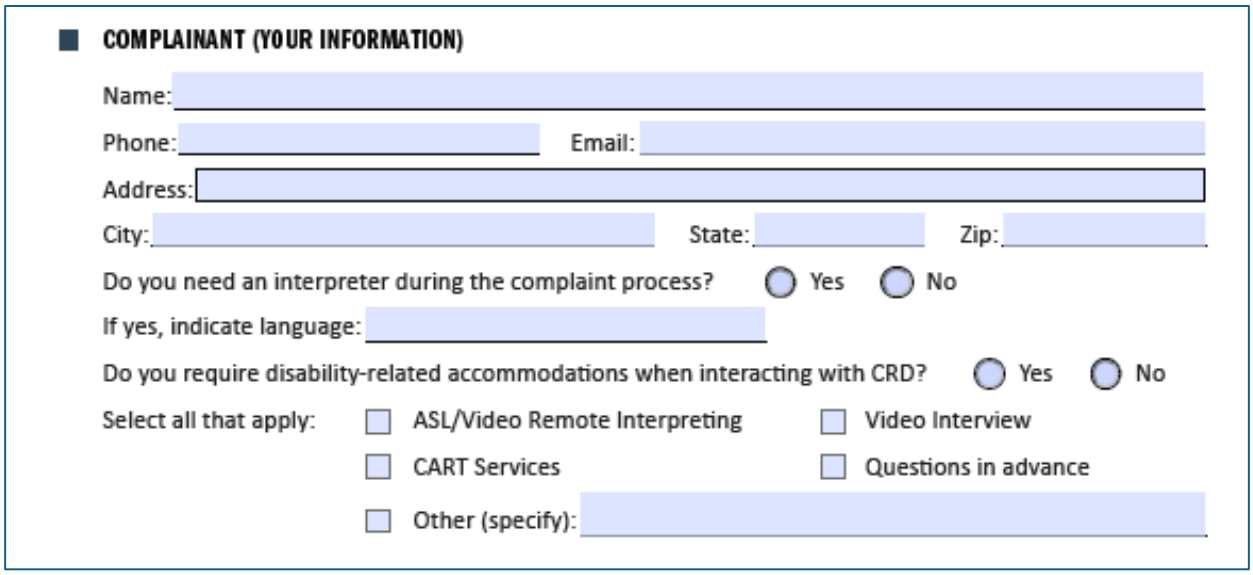
Preparation

Prior to filling out the Intake Form, gather the following information:

- Your biographical information (name, address, date of birth, phone number, etc.)
- Information about your employer (name, address, phone number, dates of work, etc.)
- A narrative describing the facts about the incident(s), including the name and contact information of the person or entity you believed harmed you (if known)
- The names and contact information of any witnesses (if known)

If you are unable to gather all required information, you can still file the Intake Form and provide additional information as you acquire it.

If you do not have your personnel file and/or payroll records, request your employment records from your employer in writing. You may find a template for doing this on Legal Aid at Work's (LAAW's) website here: https://legalaidatwork.org/sample-letters/requesting-employment-records-from-your-employer/.



COMPLAINANT (YOUR INFORMATION)

Name. Enter your full name.

Phone. Enter the phone number, with area code, at which CRD can reach you (e.g., a cell phone that you use).

Email. Enter an email address at which CRD can reach you.

Address. Enter your mailing address. Include the street name and number, as well as any floor or apartment number, city, state, and zip code. CRD will mail copies of information related to your claim to your address that you enter here. You must inform CRD immediately of any change in your mailing address.

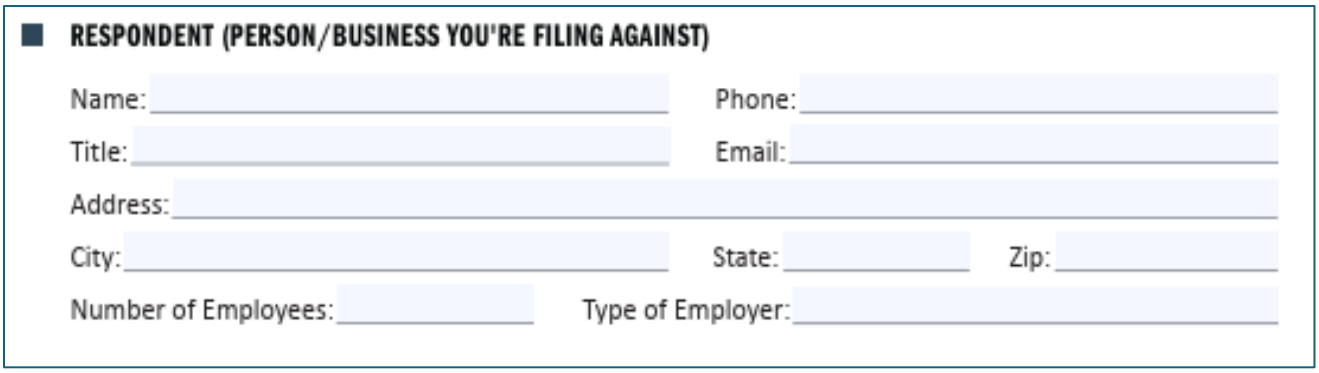
Do you need an interpreter during the complaint process? Check "YES" if your primary language is not English and you want an interpreter to assist you.

If yes, indicate language: If you checked "YES," enter the language of interpreter needed.

Do you require disability-related accommodations when interacting with CRD? Check "YES" if you require any accommodation for a mental and/or physical disability.

Select all that apply: If you checked "YES," select all the accommodations needed.

- **ASL/ Video Remote interpreting**
- **Video Interview**
- **CART services**
- **Questions in advance**
- **Other (specify).** If you require a disability-related accommodation not listed, enter the accommodation needed.



RESPONDENT (PERSON/BUSINESS YOU'RE FILING AGAINST)

Name. To the best of your knowledge, enter the complete name of the employer you are filing the claim against. If your employer has more than one business name, list all names that you know.

Phone. If you know, enter the telephone number of the employer.

Title. Enter the job title of the person in charge (listed under "Name"), if known (for example: "Floor Manager").

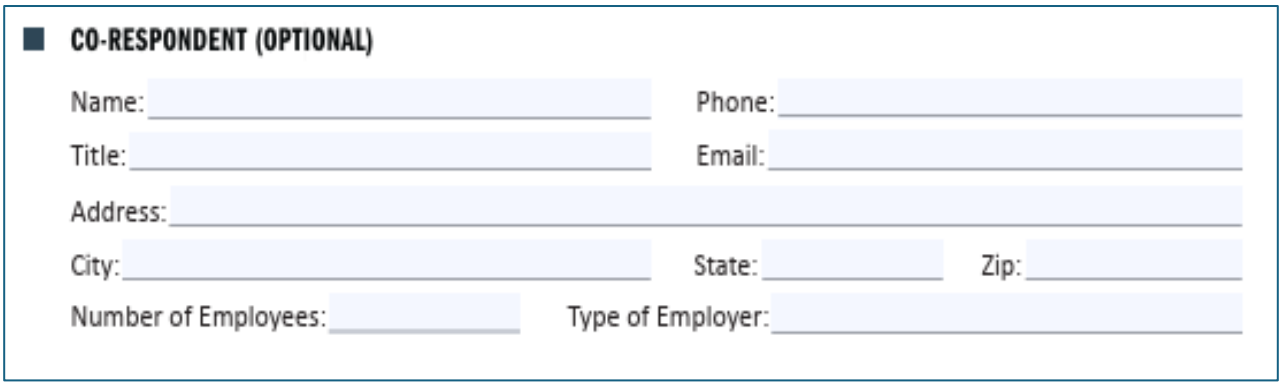
Email. If you know, enter the email address of the employer.

Address. Enter the address where you did the actual work.

Number of Employees. To the best of your knowledge, enter the total number of workers employed by your employer. This may be an approximate number.

In some cases, if the employer has more than one worksite, employees at each of the worksites can be counted together. For example, if an employer operates four different restaurants, it may be possible to count employees at all of the restaurants together. In that case, if there are 20 employees at each restaurant, the employer employs a total of 80 people (4 x 20).

Type of Employer: Enter the type of business or industry your employer is in (For example: plumbing, retail, landscaping, baking).



CO-RESPONDENT (OPTIONAL)

Name. If you believe there is more than one employer or individual against whom your claim should be brought against, enter the name of the employer or individual. (For example, if you were employed by more than one entity).

Phone. If you know, enter the telephone number of the co-respondent.

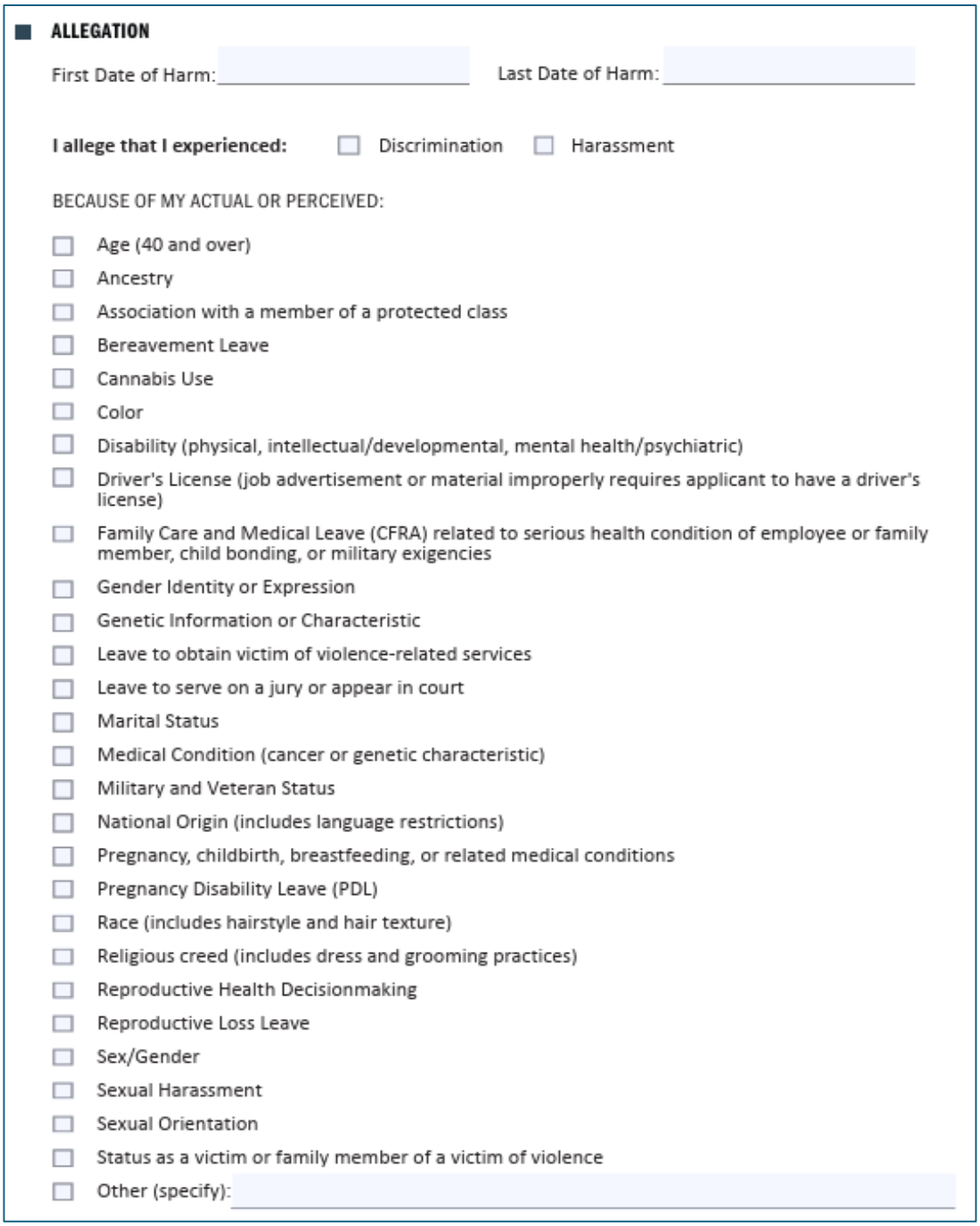
Title. Enter the job title of the person in charge (listed under "Name"), if known (for example: "Floor Manager").

Email. If you know, enter the email address of the co-respondent.

Address. If you know, enter the mailing address of the co-respondent.

Number of Employees. To the best of your knowledge, enter the total number of workers employed by the co-respondent. This may be an approximate number.

Type of Employer. Enter the type of business or industry the co-respondent is in (For example: plumbing, retail, landscaping, baking).



ALLEGATION

First Date of Harm: _____ Last Date of Harm: _____

I allege that I experienced: ☐ Discrimination ☐ Harassment

BECAUSE OF MY ACTUAL OR PERCEIVED:

- ☐ Age (40 and over)
- ☐ Ancestry
- ☐ Association with a member of a protected class
- ☐ Bereavement Leave
- ☐ Cannabis Use
- ☐ Color
- ☐ Disability (physical, intellectual/developmental, mental health/psychiatric)
- ☐ Driver's License (job advertisement or material improperly requires applicant to have a driver's license)
- ☐ Family Care and Medical Leave (CFRA) related to serious health condition of employee or family member, child bonding, or military exigencies
- ☐ Gender Identity or Expression
- ☐ Genetic Information or Characteristic
- ☐ Leave to obtain victim of violence-related services
- ☐ Leave to serve on a jury or appear in court
- ☐ Marital Status
- ☐ Medical Condition (cancer or genetic characteristic)
- ☐ Military and Veteran Status
- ☐ National Origin (includes language restrictions)
- ☐ Pregnancy, childbirth, breastfeeding, or related medical conditions
- ☐ Pregnancy Disability Leave (PDL)
- ☐ Race (includes hairstyle and hair texture)
- ☐ Religious creed (includes dress and grooming practices)
- ☐ Reproductive Health Decisionmaking
- ☐ Reproductive Loss Leave
- ☐ Sex/Gender
- ☐ Sexual Harassment
- ☐ Sexual Orientation
- ☐ Status as a victim or family member of a victim of violence
- ☐ Other (specify): _____

ALLEGATION

First Date of Harm. Enter the first date you believe your employer harmed you (For example: threaten to fire, demote, suspend, reduce hours, terminate, or discipline you). If you do not know the exact date, you can enter an estimated date.
Last Date of Harm. Enter the last date you believe your employer harmed you (For example: threaten to fire, demote, suspend, reduce hours, terminate, or discipline you). If you do not know the exact date, you can enter an estimated date.

I allege that I experienced. Select the harm you suffered.

- **Discrimination.** It is unlawful for an employer to treat you unfavorably, differently, or unfairly because of your protected characteristic or status, such as your race or sex.

  California law protects workers from being discriminated against because of their race, color, ancestry, national origin (including language), religion, age (40 and over), disability, sex, gender (including pregnancy or related medical conditions), sexual orientation, gender identity, gender expression, medical condition, genetic information, marital status, military or veteran status, and reproductive health decision-making.

  Check the "YES" box if you believe your employer has discriminated against you.

- **Harassment.** Behavior that is unwelcome, hostile, offensive, humiliating, or intimidating based on a personal characteristic or status protected under anti-discrimination laws is considered harassment. It can occur when (a) enduring the offensive conduct becomes a condition of continued employment ("quid pro quo"), or (b) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive ("hostile work environment").

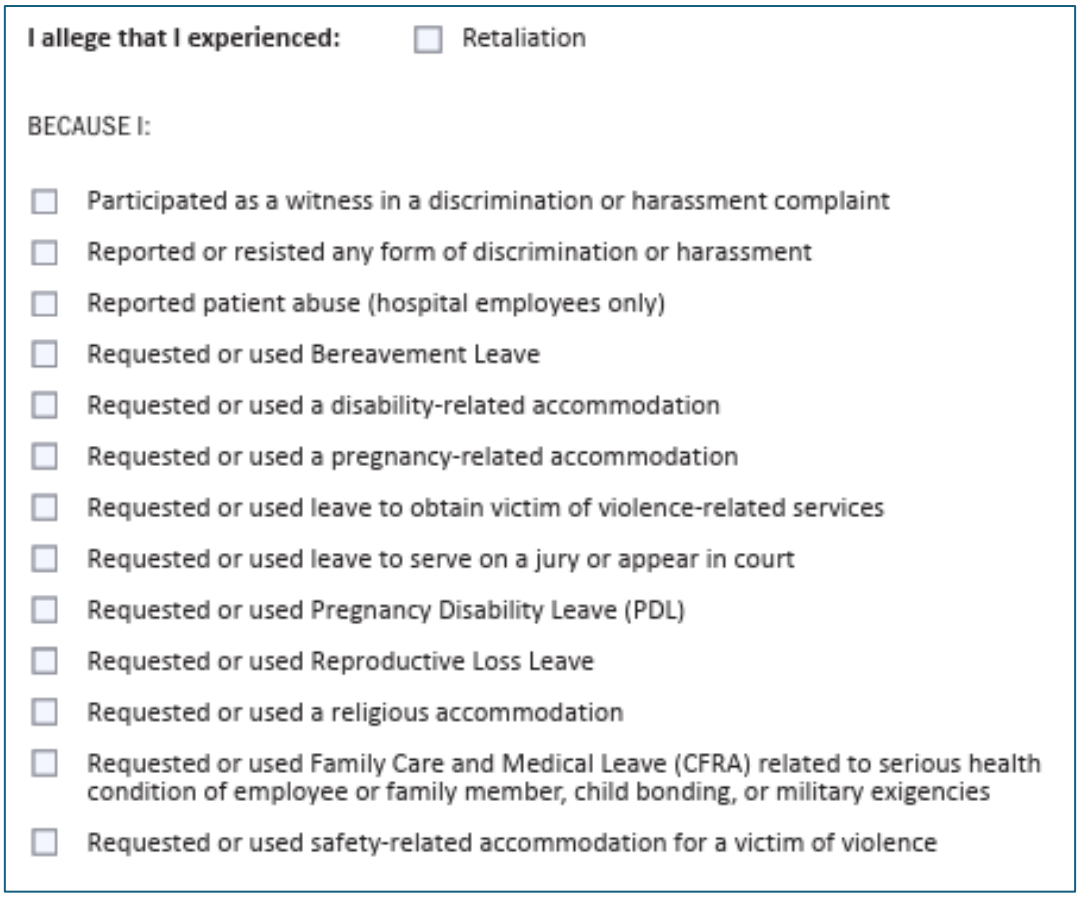
  Check the "YES" box if you believe your employer has harassed you.

BECAUSE OF MY ACTUAL OR PERCEIVED. Select all the reasons for which you believe your employer discriminated against or harassed you. (e.g., age, sex, disability, accent, race, pregnancy).

AS A RESULT, I WAS:

- ☐ Asked impermissible non-job-related questions
- ☐ Demoted
- ☐ Denied accommodation for a disability
- ☐ Denied accommodation for pregnancy
- ☐ Denied accommodation for religious beliefs
- ☐ Denied any employment benefit or privilege
- ☐ Denied Bereavement Leave
- ☐ Denied employer paid health care while on Family Care and Medical Leave (CFRA)
- ☐ Denied employer paid health care while on Pregnancy Disability Leave (PDL)
- ☐ Denied equal pay (includes violations of the Equal Pay Act)
- ☐ Denied Family Care and Medical Leave (CFRA) related to serious health condition of employee or family member, child bonding, or military exigencies
- ☐ Denied hire or promotion
- ☐ Denied leave to obtain victim of violence-related services
- ☐ Denied leave to serve on a jury or appear in court
- ☐ Denied or forced to transfer
- ☐ Denied Pregnancy Disability Leave (PDL)
- ☐ Denied Reproductive Loss Leave
- ☐ Denied safety-related accommodation for a victim of violence
- ☐ Denied the right to wear pants
- ☐ Denied work opportunities or assignments
- ☐ Given additional work responsibilities or assignments
- ☐ Forced to quit
- ☐ Laid off
- ☐ Reprimanded
- ☐ Suspended
- ☐ Terminated
- ☐ Other (specify): _____

AS A RESULT, I WAS: Select all the work-related harm you suffered because of your employer's actions. (For example: you were demoted or terminated from your job).



I allege that I experienced:

- **Retaliation.** It is unlawful for an employer to retaliate or discriminate against you (e.g., fire, threaten to fire, demote, suspend, or discipline you) because you complained about your working conditions, filed a complaint, or provided information to a government enforcement agency about your working conditions.

  Check the "YES" box if you believe your employer has retaliated against you.

BECAUSE I: Select all the reasons for which you believe your employer retaliated against you. (For example: requesting or using a disability-related accommodation).

AS A RESULT, I WAS:

- ☐ Asked impermissible non-job-related questions
- ☐ Demoted
- ☐ Denied accommodation for a disability
- ☐ Denied accommodation for pregnancy
- ☐ Denied accommodation for religious beliefs
- ☐ Denied any employment benefit or privilege
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- ☐ Terminated
- ☐ Other (specify): _____

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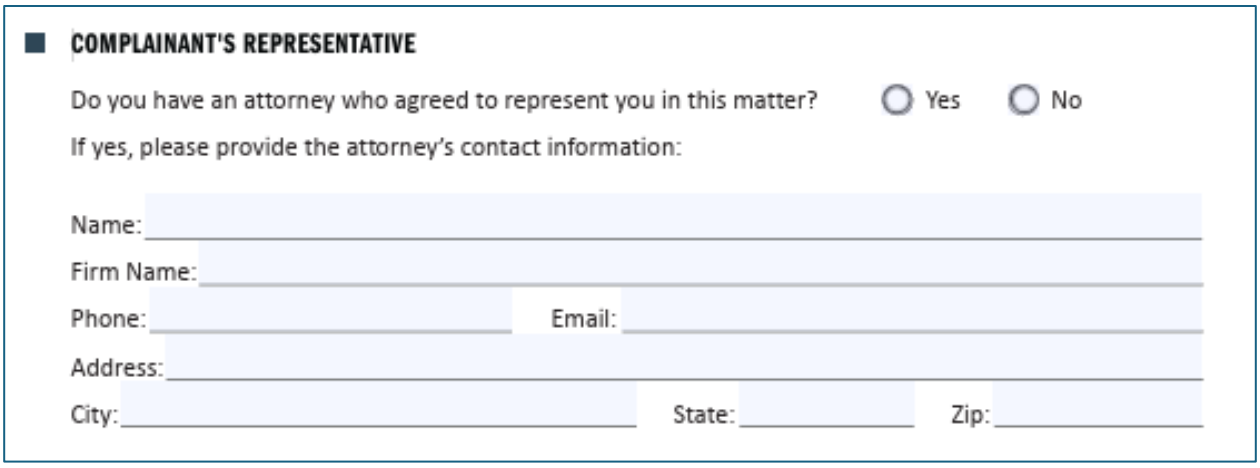


COMPLAINANT'S REPRESENTATIVE

Do you have an attorney who agreed to represent you in this matter? Check "YES" if an attorney is representing you in your claim.

If yes, please provide the attorney's contact information. If you checked "YES," enter your attorney's information.

Name. If a lawyer is assisting you with your claim, enter the name of the person who is assisting you.

Do NOT list Legal Aid at Work as your "Attorney" without permission and a signed agreement.

Firm Name. Enter the name of the firm or organization of the person who is assisting you.

Phone. Enter the phone number of your lawyer.

Email. Enter the email address of your lawyer.

Address. Enter the mailing address of your lawyer. Include the street name and number, as well as any floor or suite number, city, state, and zip code. CRD will mail copies of information related to your claim to the address that you enter here.

ADDITIONAL INFORMATION

Briefly describe what happened. Provide a summary of the events that led to the harm you suffered. Start by describing your job, your employer, and your working conditions. Provide a timeline of events, including any relevant events leading up to your employer's negative actions against you. Additionally, describe how you responded to your employer's actions and the harms these actions caused you, such as any financial and/or health issues.

For example:

I worked as a [Job Title] for [Employer's Name].

My job duties included [Describe job duties].

The employer specializes in [Describe employer's business/industry] and employs approximately [Estimated number of workers] workers.

The employer is located in [City and County].

I have worked for this employer for [Number of years and months employed].
On [Date], I [Describe relevant events leading up to adverse action. For example, making a disability accommodation request, making a complaint about discrimination, or taking an action that was later unfairly reprimanded].

*On [Date], my employer [Describe your employer's negative actions against you. For example, denying an accommodation request without seeking alternative accommodations, saying something discriminatory towards you, or reprimanding you for something nobody else gets reprimanded for]. These actions occurred [Describe where and how the adverse action happened]. There were [Number of witnesses] people present who witnessed this. [**DO NOT INCLUDE WITNESS NAMES HERE**]*

On [Date], I [Describe how you responded to your employer's actions. For example, asking your employer why your hours were cut, or requesting to speak to HR].

On [Date], my employer [Describe any other additional adverse actions your employer made against you after your response].

I have experienced the following financial issues because of the employer's actions: [Describe financial issues. For example, failure to pay rent/utilities, credit card debt, increased childcare expenses, decreased income, or increased traveling expenses].

I have experienced the following health issues because of the employer's actions: [Describe health issues. For example, PTSD, increased therapy, or hospital visits].

NEXT STEPS

Once you have completed the Intake Form and reviewed it for accuracy and completeness, you may submit the form via email or mail.

To file by email, use the following email address:
contact.center@calcivilrights.ca.gov

To file by mail, send the completed form to the CRD headquarters address below. (Note that filing by mail may increase processing time.)

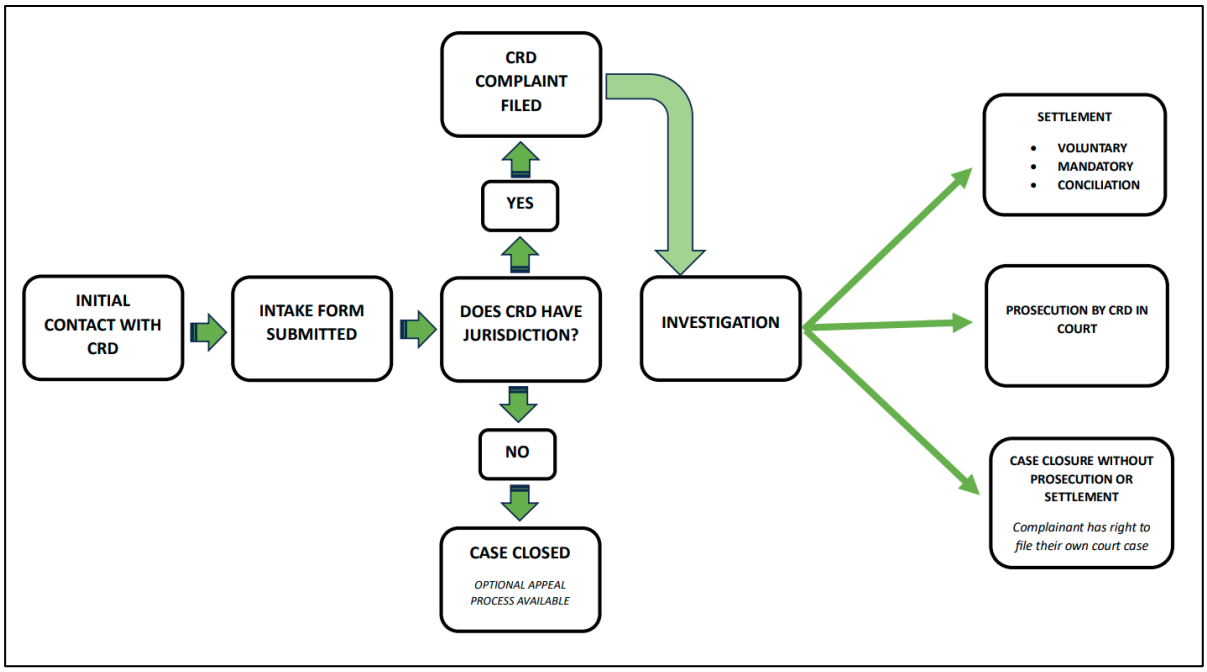
651 Bannon Street, Suite 200
Sacramento, CA 95811

After the CRD receives your Intake Form, the agency will determine if they have jurisdiction to enforce the complaint. The filing of a complaint does not mean that the CRD has already determined whether there is reasonable cause to believe any laws have been violated. Instead, it means that the CRD has preliminarily determined that the allegations are covered by a law that the department enforces.

If your complaint is accepted for investigation, the CRD will prepare a formal complaint form for your signature. **Before you sign, please be sure to review this complaint form thoroughly to ensure it accurately reflects what happened to you and all of the claims you are alleging. If you leave out a claim, this may prevent you from bringing it in court later.** When you return the signed complaint, it will be sent to the person or entity that you believe discriminated against you.

The CRD does not share investigative records of open case files. However, once a case is closed, parties may request copies of the file. The information the CRD releases is governed by the Public Records Act and relevant privileges. You can find the CRD's Privacy Policy here https://calcivilrights.ca.gov/privacy/.

Below is a flowchart of the CRD complaint process:



If you have any general questions, you may call the CRD Contact Center at (800) 884-1684 (voice) or email at contact.center@calcivilrights.ca.gov.

Legal Aid at Work offers additional free information online, including more than 100 fact sheets and guides about specific areas of law, mostly related to employment. You can find these resources in our online Self-Help Library here: https://legalaidatwork.org/self-help-library/.

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