

Civil Rights Complaint Form

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CIVIL RIGHTS COMPLAINT FORM

This form should be used by members of the public to file a complaint of discrimination against the Department of Pesticide Regulation (DPR) that an individual believes occurred during the administration of its programs and services offered to the public. All complaints must be emailed or mailed to DPR's Civil Rights Officer at EEOP@cdpr.ca.gov, or 1001 I Street, MS 4B, Sacramento, CA 95814.

Please answer all of the questions in this form that may apply to your situation to the best of your ability. You may use additional paper if needed. If you have any documents that support your complaint, please attach them to this Civil Rights Complaint Form. If you have any questions or need help completing the form, please contact DPR's Civil Rights Officer. You may contact DPR's Civil Rights Officer at (916) 445-3979, or by email at EEOP@cdpr.ca.gov.

Section 1. Contact Information

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

a. Complainant Information¹

Complainant Legal First and Last Name:
Complainant Address:
City/State/Zip Code:
Complainant Phone Number:
Complainant Email Address:

b. Representative Information

Do you have an attorney or authorized representative who agreed to represent you in this matter?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide their contact information.
Name:	

¹ DPR will accept anonymous complaints and will investigate them to the fullest extent possible. Submission of an anonymous complaint, however, may impede DPR's ability to collect facts necessary to resolve the complaint.

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If applicable, attorney firm name:
Address:
City/State/Zip Code:
Authorized Representative Phone Number:
Authorized Representative Email Address:

Section 2. Program or Activity

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

DPR Program and Division/Branch, if known:
DPR Contact Person(s), if known:
DPR Contractor or Subcontractor, if applicable:
Have you filed your complaint with any State or Federal Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Alleged Discriminatory Act: Last Date of Alleged Discriminatory Act (Month/Day/Year): _____

Section 3. Protected Class

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

I allege that I experienced: ____ Discrimination ____ Retaliation

Because of my actual or perceived:

- ____ sex
- ____ race
- ____ color
- ____ religion
- ____ ancestry
- ____ national origin
- ____ ethnic group identification

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- age
- mental disability
- physical disability
- medical condition
- genetic information
- marital status
- sexual orientation
- gender identity
- gender expression
- other (specify) _____

Section 4. Basis of Complaint

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

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

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

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c. Where did the alleged act(s) of discrimination occur (at DPR, over the telephone, other)?

d. When did the alleged act(s) of discrimination occur? Please be as specific as possible on the date(s) and indicate whether the discrimination was one time or is continuous and still ongoing.

e. Is there anyone else who witnessed or has knowledge of the alleged act(s) of discrimination? Please list the names of all persons who have knowledge of the act(s).

Section 5. Confidentiality

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

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Section 6. Signature

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

Complainant Signature:	Date:
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