

OFFICIAL USE ONLY

Date Received _____
Received By _____
Case Number _____

County Of Orange
Human Resource Services
333 W. Santa Ana, Blvd., Second Floor
Santa Ana, California 92701

RECRUITMENT COMPLAINT FORM

BEFORE COMPLETING THIS FORM, PLEASE REFER TO ARTICLE IX "RECRUITMENT APPEALS PROCEDURE" OF THE ORANGE COUNTY RECRUITMENT RULES AND POLICIES. COPIES OF THESE RULES ARE AVAILABLE FOR REVIEW AT THE HUMAN RESOURCE SERVICES RECEPTION COUNTER ON THE SECOND FLOOR OF THE HALL OF ADMINISTRATION, 333 W. SANTA ANA BLVD, SANTA ANA, CALIFORNIA 92701.

Recruitment Complaints alleging misapplication of the Recruitment Rules or discrimination in the administration of the Recruitment Rules must be filed with the Human Resource Services within 14 calendar days from the date of the alleged violation or 14 calendar days from the date the notification was mailed, regarding your status in the disputed portion of the selection procedure. ☆Complaints which do not provide a clear understanding of the issue will be subject to rejection. (Recruitment Appeals Procedure ARTICLE IX, Section 2)

TO BE COMPLETED BY COMPLAINANT (Please type or print with black ink.)

Title of recruitment in which the alleged violation occurred: _____

Approximate date applied: _____

Date of occurrence, which gave rise to your complaint, or date your recruitment procedure notification was mailed.

Name _____

Address _____

Street City State Zip

Phone: Business () _____ Home () _____ Message () _____
Area Area Area

Are you a County employee? _____ Yes _____ No

If yes, state your job classification _____
and Agency/Department _____

☆Which specific Article(s)/Section(s) /Paragraph(s) /Sub-Paragraph of the Recruitment Rules do you claim were violated?

Give a clear and concise explanation of how you feel the Recruitment Rules were violated. (If more space is needed, attach a separate sheet.)

How do you feel the alleged violation adversely affected your status in the recruitment procedure? (If more space is needed, attach a separate sheet.) _____

What specific remedy do you seek? _____

Are you alleging discrimination? _____ Yes _____ No

If yes, please answer the following questions:

Basis of your allegation: Race _____ Color _____ Sex _____ Age _____ Religion _____ Pregnancy _____

Marital Status _____ Physical/Mental Disability/Medical Condition _____ National Origin/Ancestry _____

Genetic Information _____ Sexual Orientation _____ Gender Identity _____ Political Affiliation _____

Veteran Status _____

What information do you have to indicate that you were affected by discrimination? Please be as specific as possible and include all pertinent dates, names and incidents involving the alleged discrimination. (If more space is needed, attach a separate sheet.)

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

Have you filed a grievance or complaint regarding this matter under any other County appeal procedure?

_____ Yes _____ No If yes, which procedure? _____

What is the current status? _____

Have you filed a complaint regarding this matter with any other agency? _____ Yes _____ No

If yes, what agency? _____

Are you being represented? _____ Yes _____ No If yes, please provide name, address and telephone number of your representative _____

Signature of Complainant

Date Submitted

(Complaint Form Must Be Signed By Complainant)

Send Original to: Human Resource Services
Recruitment Complaint Office
333 W. Santa Ana Blvd., Second Floor
Santa Ana, California 92701

Keep a copy of this form for yourself.