



NONDISCRIMINATION IN EMPLOYMENT COMPLAINT

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

If you need help completing this form, please call 916-294-9000.

Date Received by District

Today's Date

Name of Person Filing
Complaint

School/District Site

Address

Phone

Email Address

I am a (check one): ☐ Applicant ☐ Current Employee ☐ Former Employee ☐ Other _____

I have concerns regarding the following District employee: _____

Allegation: First date of harm: _____ Last date of harm: _____

Please check the appropriate box below:

I allege I have experienced: ☐ Discrimination ☐ Harassment

Because of my Actual or Perceived:

1. _____ Age (40 and over)
2. _____ Ancestry
3. _____ Association with a member of a protected class
4. _____ Bereavement Leave
5. _____ Cannabis Use
6. _____ Color
7. _____ Disability (physical, intellectual/developmental, mental health/psychiatric)
8. _____ Family Care and Medical Leave (CFRA) related to serious health condition of employment or family member, child bonding, or military exigencies
9. _____ Gender Identity or Expression
10. _____ Genetic Information or Characteristic
11. _____ Marital Status
12. _____ Medical Condition (cancer or genetic characteristics)
13. _____ Military and Veteran Status
14. _____ National Origin (includes language restrictions)
15. _____ Pregnancy, childbirth, breastfeeding, or related medical conditions
16. _____ Pregnancy Disability Leave (PDL)
17. _____ Race (includes hairstyle and hair texture)
18. _____ Religious creed (includes dress and grooming practices)
19. _____ Reproductive Health Decision making
20. _____ Reproductive Loss Leave
21. _____ Sex/Gender
22. _____ Sexual orientation
23. _____ Other (Specify): _____

COMPLAINT: Please provide a brief but specific summary of your concerns and the facts surrounding it. Please include dates and names of witnesses, when possible. Provide also include a description of any prior attempt to discuss the concern with the employee and the failure to resolve the matter.

(If you need additional space, please attach a separate sheet of paper to this Complaint form.)

REMEDY REQUESTED: What is the requested remedy or proposed resolution to your concerns?

By signing below, I confirm that this Complaint and any attachments are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Please submit this form to your site administrator/supervisor.

If the Complaint is against your site administrator/supervisor, please submit this form to the Compliance Department at: 1965 Birkmont Drive, Rancho Cordova, CA 95742, or via email to sdiaz@fcusd.org, or by fax to (916) 294-9021.