

For CISU Use:

(Method of Receipt)

- Telephone
- In-Person
- Online
- Paper Complaint

Intake # _____

COUNTY POLICY OF EQUITY REPORT/NOTIFICATION FORM

Methods of Reporting Potential County Policy of Equity (CPOE) Violations:

- 1) You may use this form to report a potential violation of the CPOE;
- 2) File an online complaint at <https://ceop.bos.lacounty.gov> (strongly encouraged);
- 3) Call the County Intake Specialist Unit (CISU) at (855) 999-CEOP (2367); or
- 4) Visit the CISU office at the Kenneth Hahn Hall of Administration building located at 500 West Temple Street, Suite B-26, Los Angeles, CA 90012.

1. Do you wish to file this complaint anonymously?

- Yes (**Do not check 'Yes' if you are a reporting supervisor/manager**).
- No (If no, please proceed to Question #2).

2. Are you filing this complaint for:

- Yourself** (If you are filing this complaint for yourself, please start at Section A).
- Someone else** (If you are filing this complaint for someone else, please start at Section A).
- Someone else: I am a reporting supervisor/manager** (Please start at Section A).

(Note to Supervisors/Managers: As a County Manager/Supervisor, it is the County's expectation that the CPOE complaint notification be submitted online at <https://ceop.bos.lacounty.gov>).

Section A: Reporting Party Information

Today's Date: _____

Name: _____ Emp. #: _____ Title: _____

Work#: _____ Mobile#: _____ Work Hrs.: _____ RDO: _____

Reporting Party's Department: _____ Dept. Head: _____

Reporting Party's Unit of Assignment: _____

Reporting Party's Work Address: _____

Reporting Party's Immediate Supervisor: _____

Date & Time Form Completed: _____

Did the complainant notify a supervisor/manager of this complaint prior to now?

Yes (if yes, fill in details):

Name of Supervisor/Manager Notified: _____

Date: _____ How: _____

No

Do Not Know

Section B: Complainant(s) Information

Today's Date: _____

1.
Name: _____ Emp.#: _____ Title: _____

Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____

Complainant's Department: _____ Dept. Head: _____

Complainant's Unit of Assignment: _____

Complainant's Work Address: _____

Complainant's Immediate Supervisor: _____

2.
Name: _____ Emp. #: _____ Title: _____

Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____

Complainant's Department: _____ Dept. Head: _____

Complainant's Unit of Assignment: _____

Complainant's Work Address: _____

Complainant's Immediate Supervisor: _____

3.
Name: _____ Emp.#: _____ Title: _____
Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____
Complainant's Department: _____ Dept. Head: _____
Complainant's Unit of Assignment: _____
Complainant's Work Address: _____
Complainant's Immediate Supervisor: _____

Section C: Alleged Involved Party(ies) Information

Today's Date: _____

1.
Name: _____ Emp.#: _____ Title: _____
Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____
Involved Party's Department: _____ Dept. Head: _____
Involved Party's Unit of Assignment: _____
Involved Party's Work Address: _____
Involved Party's Immediate Supervisor: _____

2.
Name: _____ Emp.#: _____ Title: _____
Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____
Involved Party's Department: _____ Dept. Head: _____
Involved Party's Unit of Assignment: _____
Involved Party's Work Address: _____
Involved Party's Immediate Supervisor: _____

3.
Name: _____ Emp.#: _____ Title: _____
Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____

Involved Party's Department: _____ Dept. Head: _____

Involved Party's Unit of Assignment: _____

Involved Party's Work Address: _____

Involved Party's Immediate Supervisor: _____

Section D: Alleged Witness(es) Information (if they can be identified)

1.
Name: _____ Emp.#: _____ Title: _____

Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____

Witness's Department: _____ Dept. Head: _____

Witness's Unit of Assignment: _____

Witness's Work Address: _____

Witness's Immediate Supervisor: _____

2.
Name: _____ Emp.#: _____ Title: _____

Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____

Witness's Department: _____ Dept. Head: _____

Witness's Unit of Assignment: _____

Witness's Work Address: _____

Witness's Immediate Supervisor: _____

3.
Name: _____ Emp.#: _____ Title: _____

Work#: _____ Mobile/Home#: _____ Work Hrs.: _____ RDO: _____

Witness's Department: _____ Dept. Head: _____

Witness's Unit of Assignment: _____

Witness's Work Address: _____

Witness's Immediate Supervisor: _____

How was supervisor/manager made aware of the alleged potential violation(s)? (Explain in detail):

What action(s), if any, did the supervisor/manager take? (Explain in detail):

Did the supervisor/manager ascertain whether Complainant(s) is/are in need of any of the following? (If so, please explain in space provided):

Medical Attention: _____

Protection: _____

Separation from Alleged Involved Party(ies): _____

Other Assistance: _____

Did the supervisor/manager advise the Complainant(s) that they:

May seek confidential counseling or assistance from the County's Employee Assistance Program (EAP) at (213) 738-4200.

May contact the County Intake Specialist Unit (CISU) directly at (855)-999-2367, or via email at ceop@bos.lacounty.gov

COMPLAINT SUBMISSION

By submitting this complaint I am declaring, under penalty of perjury under the laws of the State of California, that:

- The facts set forth herein are true and correct and based on my own knowledge, except as to matters stated on my information and belief, and as to those matters I believe to be true;
- I believe that the facts alleged herein are jurisdictional to the County Policy of Equity (accessible at: <https://ceop.bos.lacounty.gov>), are not duplicative of facts set forth in previously filed County Policy of Equity complaints that I have filed, and
- The filing of this County Policy of Equity complaint is not a **misuse or abuse** of the County's Policy of Equity Complaint Process.

Printed Name

Signature

Date

OPTIONAL: Please provide the information below for statistical purposes only

Race/Ethnicity:

"The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual." – (eoc.gov)

- Hispanic or Latino-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African-American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) -** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian-(Not Hispanic or Latino) -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

Sex:

- Male
- Female

Date of Birth: _____