

**DEPARTMENT OF FAIR EMPLOYMENT & HOUSING**

2218 Kausen Drive, Suite 100 | Elk Grove | CA | 95758
800-884-1684 | TDD 800-700-2320
www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

ACTING DIRECTOR ANNMARIE BILLOTTI

Instructions to Obtain a Right-to-Sue Notice

You are in the process of requesting a Right-to-Sue notice from the Department of Fair Employment and Housing (Department or DFEH). The Fair Employment and Housing Act (FEHA), at Government Code section 12965, subdivision (b), requires that individuals exhaust their administrative remedies with the Department by filing a complaint and obtaining a Right-to-Sue notice from the Department before filing a lawsuit under the FEHA. The Department will accept requests for an immediate Right-to-Sue notice from persons who have decided to proceed in court. Your complaint must be filed within one year from the last act of discrimination or you may lose your right to file a lawsuit under the FEHA.

Proceeding directly to court without an investigation by the Department is advisable only if you have an attorney. If you do not have an attorney, you can file a discrimination complaint that the Department may investigate. If you decide to file a lawsuit at a later time, you can still do so. If you wish to have your complaint considered for investigation by the Department, you must complete and submit a Pre-Complaint Inquiry. To file a Pre-Complaint Inquiry, you may select one of the following methods:

- Use the Department's online system at www.dfeh.ca.gov.
- Call the Communication Center at (800) 884-1684. If you have a hearing impairment, please call 800-884-1684 or TTY at (800) 700-2320 for service.
- Request the Pre-Complaint Inquiry form, complete and return it via U.S. mail to any of DFEH's office locations (<http://www.dfeh.ca.gov/Offices.htm>).
- E-mail the Pre-Complaint Inquiry form to contact.center@dfeh.ca.gov.

If you wish to consult an attorney, you may wish to visit the California State Bar website at www.calbar.ca.gov for legal referral resources.

If you receive a Right-to-Sue notice, your complaint **will not** be investigated by DFEH even if you later decide not to file a lawsuit and your complaint will not be dual-filed by DFEH with the U.S. Equal Employment Opportunity Commission (EEOC). In order to receive a federal Right-to-Sue notice, you must file a complaint with EEOC within 30 days of the receipt of the "Notice of Case Closure and Right-to-Sue" or within 300 days of the alleged discriminatory act, whichever is earlier.

In filing a complaint utilizing this process you are acknowledging the following:

1. You elect to not exercise your option of having the Department investigate your complaint and elect court action at a later date.
2. You understand that you should have an attorney to file a lawsuit.
3. You understand that you have one year from the date of your Right-to-Sue notice to file a lawsuit.
4. You understand that once DFEH has issued you a Right-to-Sue notice, DFEH **will not** investigate or reopen your complaint.
5. You understand that DFEH **will not** file your complaint with EEOC, and that if you wish to obtain a federal Right-to-Sue notice from EEOC, you must contact EEOC at www.eeoc.gov or at (800) 669-4000 or TTY (800) 669-6820.

If you choose to proceed, please complete and return the form to: DFEH, 2218 Kausen Drive, Suite 100, Elk Grove, CA 95758.



CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING
COMPLAINT OF DISCRIMINATION UNDER THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT
EMPLOYMENT

DFEH CASE NUMBER:

NAME:

TELEPHONE NUMBER:

ADDRESS:

CITY/STATE/ZIP:

NAMED OF THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICES COMMITTEE, OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME:

TELEPHONE NUMBER:

ADDRESS:

CITY/STATE/ZIP:

NUMBER OF EMPLOYEES:

TYPE OF EMPLOYER

DATE MOST RECENT DISCRIMINATION TOOK PLACE (Month/Day/Year):

NAME THE INDIVIDUALS WHOM YOU WISH TO FILE AGAINST (Individuals who were involved in this particular complaint):

NAME/TITLE:

ADDRESS:

TELEPHONE NUMBER:

Do you have an attorney who agreed to represent you in this matter? Yes No

If yes, please provide the attorney's contact information.

Attorney Name:

Attorney Firm Name:

Attorney Address:

Attorney City, State, and Zip:

I ALLEGE THAT I EXPERIENCED: Discrimination Harassment Retaliation

BECAUSE OF MY ACTUAL OR PERCIEVED:

- Age- 40 and Over
- Ancestry
- Association with a Member of a Protected Class
- Color
- Disability
- Engagement in Protected Activity
- Family, Care or Medical Leave
- Genetic Information or Characteristics
- Marital Status
- Medical Condition- Cancer, Cancer Related Illness, or Genetic Characteristics
- Military or Veteran Status
- National Origin- Including Language Use Restrictions
- Race
- Religion
- Sex- Gender
- Sex- Gender Identity or Gender Expression
- Sex- Pregnancy
- Sexual Orientation

AS A RESULT, I WAS:

- Asked Impermissible, Non-Job Related Questions
- Demoted
- Denied a Good Faith Interactive Process
- Denied a Work Environment Free of Discrimination and/or Retaliation
- Denied Continuation of Employer-Paid Health Care Coverage While On Pregnancy Disability Leave
- Denied Employment
- Denied Equal Pay
- Denied Family Care or Medical Leave
- Denied Pregnancy Leave
- Denied Promotion
- Denied Reasonable Accommodation
- Denied Reinstatement
- Denied The Right to Wear Pants
- Forced to Quit
- Laid Off
- Terminated
- Tested for Genetic Characteristics
- Other (specify)

By submitting this complaint I am declaring under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe them to be true.

Signature of Complainant or Complainant's Legal Representative:

Date:

Printed Name: