

**DEPARTMENT OF FAIR EMPLOYMENT & HOUSING**

DIRECTOR PHYLLIS W. CHENG

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www.dfeh.ca.gov | email: contact.center@dfeh.ca.gov

Instructions to Obtain a Right to Sue Notice by Mail

You are in the process of requesting a Right to Sue notice from the Department of Fair Employment and Housing (Department or DFEH) by mail. 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, please call (800) 884-1684 or go to www.dfeh.ca.gov and select the option, "I want to file a complaint that DFEH may investigate." 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). A DFEH complaint may be dual-filed with EEOC only if DFEH accepts the complaint for investigation and it meets EEOC filing requirements. 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 "Right to Sue and Notice of Case Closure" 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 read and understand these instructions.
2. You elect to not exercise your option of having the Department investigate your complaint and elect court action at a later date.
3. You understand that you should have an attorney to file a lawsuit.
4. You understand that you have one year from the date of your Right to Sue notice to file a lawsuit.
5. You understand that once DFEH has issued you a Right to Sue notice, DFEH will not investigate or reopen your complaint.
6. 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. Please allow two weeks to process your request.



CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

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

EMPLOYMENT - RIGHT TO SUE

COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NAMED IS THE EMPLOYER OR PERSON(S) WHO DISCRIMINATED, HARASSED OR RETALIATED AGAINST ME:

RESPONDENT NAME: _____

AGENT FOR SERVICE NAME: _____

TELEPHONE NUMBER: _____

ADDRESS (AGENT FOR SERVICE): _____

CITY/STATE/ZIP: _____

NO. OF EMPLOYEES: _____

DATE MOST RECENT DISCRIMINATION TOOK PLACE: _____

TYPE OF EMPLOYER: _____

CO-RESPONDENT(S):

NAME

ADDRESS

PHONE NUMBER

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

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

Attorney Name: _____

Attorney Firm Name: _____

Attorney Street Address, City, State and Zip Code: _____

DEMOGRAPHIC INFORMATION

THIS INFORMATION IS OPTIONAL AND IS ONLY USED FOR STATISTICAL PURPOSES.

GENDER:

- Male
 - Female
 - Other
-

MARITAL STATUS:

- Single
 - Married
 - Divorced
 - Cohabitation
-

RACE:

- Asian
 - American Indian or Alaskan Native
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
-

NATIONAL ORIGIN:

- | | |
|---|--|
| <input type="checkbox"/> Afghani National Origin | <input type="checkbox"/> Jamaican National Origin |
| <input type="checkbox"/> American [U.S.A] National Origin | <input type="checkbox"/> Japanese National Origin |
| <input type="checkbox"/> Asian Indian National Origin | <input type="checkbox"/> Korean National Origin |
| <input type="checkbox"/> Bangladeshi National Origin | <input type="checkbox"/> Laotian National Origin |
| <input type="checkbox"/> Cambodian National Origin | <input type="checkbox"/> Lebanese National Origin |
| <input type="checkbox"/> Canadian National Origin | <input type="checkbox"/> Malaysian National Origin |
| <input type="checkbox"/> Chinese National Origin | <input type="checkbox"/> Mexican National Origin |
| <input type="checkbox"/> Cuban National Origin | <input type="checkbox"/> Nigerian National Origin |
| <input type="checkbox"/> Dominican National Origin | <input type="checkbox"/> Other African National Origin |
| <input type="checkbox"/> Egyptian National Origin | <input type="checkbox"/> Other Asian National Origin |
| <input type="checkbox"/> English National Origin | <input type="checkbox"/> Other Caribbean National Origin |
| <input type="checkbox"/> Ethiopian National Origin | <input type="checkbox"/> Other European National Origin |
| <input type="checkbox"/> Fijian National Origin | <input type="checkbox"/> Other Hispanic/Latino National Origin |
| <input type="checkbox"/> Filipino National Origin | <input type="checkbox"/> Other Middle Eastern National |
| <input type="checkbox"/> German National Origin | <input type="checkbox"/> Other National Origin |
| <input type="checkbox"/> Ghanaian National Origin | <input type="checkbox"/> Pakistani National Origin |
| <input type="checkbox"/> Guamanian National Origin | <input type="checkbox"/> Puerto Rican National Origin |
| <input type="checkbox"/> Haitian National Origin | <input type="checkbox"/> Salvadoran National Origin |
| <input type="checkbox"/> Hawaiian National Origin | <input type="checkbox"/> Samoan National Origin |
| <input type="checkbox"/> Hmong National Origin | <input type="checkbox"/> Sri Lankan National Origin |
| <input type="checkbox"/> Indonesian National Origin | <input type="checkbox"/> Syrian National Origin |
| <input type="checkbox"/> Iranian National Origin | <input type="checkbox"/> Taiwanese National Origin |
| <input type="checkbox"/> Iraqi National Origin | <input type="checkbox"/> Thai National Origin |
| <input type="checkbox"/> Irish National Origin | <input type="checkbox"/> Tongan National Origin |
| <input type="checkbox"/> Italian National Origin | <input type="checkbox"/> Vietnamese National Origin |

QUESTIONNAIRE

IF YOU ARE FILING AGAINST BOTH A COMPANY AND AN INDIVIDUAL(S), PLEASE COMPLETE ONE COMPLAINT FORM NAMING ALL RESPONDENTS.

Date the most recent or continuing discrimination take place? _____

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- Including Cancer
- National Origin- Including language use restrictions
- Race
- Religion
- Sex- Gender
- Sex- Gender Identity or Gender Expression
- Sex- Pregnancy
- Sexual Orientation
- Other (specify) _____

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) _____

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue. I understand that if I want a federal notice of right to sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure and Right to Sue," or within 300 days of the alleged discriminatory act, whichever is earlier. I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Immediate Right to Sue." 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: _____