

COUNTY POLICY OF EQUITY REPORT/NOTIFICATION FORM

For CISU Use:
(Method of Receipt)

- ☐ Telephone
- ☐ In-Person
- ☐ Online
- ☐ Paper Complaint

Intake # _____

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.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.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)
- ☐ No
- ☐ Do Not Know

Name of Supervisor/Manager Notified: _____ Date: _____

How:

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: _____

Section E: Nature of Complaint or Issue(s)

1. What is the date of the alleged potential violation(s)?: _____

2. Please provide a detailed summary of the alleged potential violation(s):

3. Why does the Complainant(s) believe the treatment occurred/is occurring?:

Section F: TO BE COMPLETED BY SUPERVISORS/MANAGERS ONLY

Date supervisor/manager observed and/or was notified of the alleged potential violation(s): _____

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.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