

Interview Date: 7/1/07	Processing Time: 1 :HR :MIN
Approval: [Signature]	Action Taken: Denied
Interviewer: LM	Computer Entry:

7/1/08
Telephone 1-4

PRE-COMPLAINT QUESTIONNAIRE - EMPLOYMENT

The information requested on this form will assist the Department in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply.

PLEASE PRINT

DATE

NAME Tiffany K Anderson

ADDRESS 1416 Iris Drive #7 Lodi SJ 95242

TELEPHONE NUMBER: 1037 WORK (209) 982-4675 HOME (209) 333-1037

I prefer to be contacted by telephone at home Days: 4:00 p.m Time: 5:00

Person to contact if you cannot be reached or if you move:
Name my cell # TELEPHONE (209) 329-2339

I WISH TO COMPLAIN AGAINST: (Name and address of company, government entity [city, county, state], employment agency, union, etc.)

NAME S.J. Mosquito & Vector District

ADDRESS 7759 S Airport Way Stockton S.J.

TELEPHONE NUMBER: WORK (209) 982-4675 NUMBER OF EMPLOYEES _____
(Estimate, if necessary) Area Code Job Site _____ Company-Wide _____

I WISH TO COMPLAIN AGAINST: (Other named individuals who were involved in this particular complaint.)

NAME _____ TELEPHONE () _____

TITLE _____ Area Code _____

ADDRESS _____ City _____ County _____ ZIP Code _____

EMPLOYER LISTED ON W-2 FORM: (if known) Street City County ZIP Code

NAME _____

ADDRESS _____ City _____ County _____ ZIP Code _____

(if known) Street City County ZIP Code

(CONTINUE ON BACK IF NECESSARY)

1. I believe I was discriminated against because of my (please circle):

- Race
- Sex
- Cancer
- Pregnancy
- Age (40 and over)
- Color
- Sexual Orientation
- Genetic Characteristics
- Marital Status
- Denial of Family Care Leave
- Religion _____ (Please specify)
- Disability (including AIDS) _____ (Please specify)
- National Origin/Ancestry _____ (Please specify)

2. Circle the discriminatory treatment and indicate the date occurred:

- Terminated/Laid Off _____
- Not Hired _____
- Denied Promotion _____
- Harassed _____
- Denied Leave (Pregnancy/Family Care Leave) _____
- Denied Accommodation _____
- Denied Equal Pay _____
- Denied Accommodation for Pregnancy _____
- Impermissible Non-Job-Related Inquiry _____
- Retaliation _____
- Other _____