

REPORT OF POTENTIAL DFEH/EEOC CLAIM

(Attorney/Client work product privilege: This report is to be completed by the school district employees. This form is a confidential, internal, document; its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives).

NAME OF POTENTIAL CLAIMANT: _____

DATE OF INCIDENT: _____

TYPE OF CLAIM: EEOC DFEH

DATE OF FILING: _____

WHAT HAS DISTRICT DONE TO RESPOND TO CLAIM: _____

DISTRICT COUNSEL INVOLVED: YES NO

NAME OF ATTORNEY: _____

FIRM NAME: _____

PHONE: _____ EMAIL: _____

INVESTIGATION COMPLETED: YES NO

BY WHOM: _____

RELATED WORKERS COMPENSATION CLAIM FILED: YES NO

WORK. COMP ATTORNEY ASSIGNED: YES NO

NAME OF ATTORNEY: _____

FIRM NAME: _____

STATUS OF WORK COMP CLAIM: _____

DISTRICT CONTACT: _____

PHONE: _____ EMAIL: _____