

California Civil Rights System

USER GUIDE

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

VERSION 2.0





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Release 1.0	
Release 2.0	



1. Introduction

1.1 User Guide Overview

The User Guide is organized into the following sections:

1. Introduction	 Introduces this guide, with an overview of CCRS
	 Provides a general description of the most
2. System Overview	common screens in CCRS
3. Common User	. Descrides star by star instructions for more
Scenarios	 Provides step-by-step instructions for many common uses of CCRS
Appendix A	 Describes the changes for each CCRS release

2. System Overview

This section provides an overview of the most commonly used screens of the California Civil Rights System (CCRS).

CCRS has the following key functionality:

- Submitting, viewing, or editing an Intake Form
- Obtaining an Immediate Right-to-Sue notice
- Submitting a request for documents (also known as a PRA request)

Step-by-step instructions for common CCRS usages can be found in section 3. Common User Scenarios.

	Engli	sh	
California Civil Rights System Department of Fair Employment and Housing			
California Civil Rights System	Login		
CCRS is an online public portal. Log in to file an intake form and schedule an intake interview with DFEH, obtain a Right- to-Sue notice, request public records, or view your pending cases.	Email		
Quick Links	Enter email Password		
Quick Links			
Report Discriminatory Applications and Advertisements to DFEH CCRS User Guide CCRS Outages and Scheduled Maintenances Privacy, and Scendity. CCRS Accessibility Send.us feedback	Eventer Password Eventer Login Login Login Login Forgot Password		
Get in touch with DFEH Accessibility information	For a translation		
The Department of Fair Employment and Housing is open Access for people with disabilities Language services Language services Información en Español Tribal consultation policy Service at 711 Access for people with disabilities Language services Información en Español Tribal consultation policy 	 DFEH assists anyone who needs a translation into his or her native language: Información en Español DFEH Language Access Coordinator: ↓ 1-844-821-3465 ➡ 1-888-519-5917 ➡ language access@dfeh.ca.gov 		
 Write to: 2218 Kausen Drive. Suite 100. Elk Grove. CA fyou need an accommodation for a disability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's R 	 State bilingual services: elay Service at 711. Or you can email us at accommodations@df 	eh.ca.go	

Login Screen

- This is the page displayed to access CCRS
- Provides information about the system and links to helpful resources

- 1. Register for a CCRS account
- 2. Log into CCRS
- 3. Reset your password
- 4. Access accessibility information
- 5. Access translation resources
- 6. Contact DFEH
- 7. Customize accessibility features





CCRS	r Employment and Housing		
Velcome Bob Roberts, what wou	uld you like to do today?		
Start a New Form	Resume a Form	View Submitted Cases	View Submitted Records Requests
Ĩ+		Ja	لم
Start a new Intake Form, Right-to-Sue request, or Public Records request	Continue working on a form you have started but not yet submitted	View submitted, open, and closed case records (including Right-to-Sue requests)	View your open and closed records requests
Jpcoming Intake Appointments			
pcoming intake Appointments			
	No upcoming	appointments	

Home Screen

• This is the first page displayed upon accessing CCRS

- 1. Start a New Form
- 2. Resume a Form
- 3. View Submitted Cases
- 4. View Submit Records Requests
- 5. View Upcoming Intake Appointments
- 6. View/edit your CCRS account
- 7. Log out of CCRS



CCRS	Civil Rights System		Bob Roberts 🔻
Department of	Fair Employment and Housing		
Iome Start a New Form Resume a For	m View Cases View Record Requests		
Start New Form			
iew Department of Fair Employment and Hou	using's <u>Complaint Process</u>		
	Please select a fo	rm to get started	
Employment	Immediate Right-to-Sue (for an Employment Complaint)	Housing	Request Public Records
Ĥ		Ē	i i i i i i i i i i i i i i i i i i i
+	i i i i i i i i i i i i i i i i i i i		
Employment discrimination, harassment and/or retaliation	File an employment discrimination	Housing discrimination, harassment and/or retaliation	Submit a records request for one or more closed DFEH cases
Employment discrimination,	File an employment discrimination lawsuit instead of using the DFEH	Housing discrimination, harassment	Submit a records request for one or
Employment discrimination,	File an employment discrimination	Housing discrimination, harassment	Submit a records request for one or
Employment discrimination,	File an employment discrimination lawsuit instead of using the DFEH investigation process. This is advisable	Housing discrimination, harassment	Submit a records request for one or
Employment discrimination, harassment and/or retaliation	File an employment discrimination lawsuit instead of using the DFEH investigation process. This is advisable only if you have an attorney.	Housing discrimination, harassment and/or retaliation	Submit a records request for one or more closed DFEH cases

Start New Form Screen

• Displays all of the forms available to be completed in CCRS

- 1. Start a New Form. Forms available are:
 - a. Employment
 - b. Immediate Right-to-Sue
 - c. Housing
 - d. Request Public Records
 - e. Criminal History in Employment
 - f. Unruh
 - g. Ralph
 - h. Disabled Person Act (CC54)
 - i. Government Code 11135
 - j. Government Code 12990(c)
 - k. Sexual Harassment Prevention Training
 - I. Human Trafficking
- 2. Resume a Form
- 3. View Cases
- 4. View Records Request



CCRS	California Civil Rights System
CCHO	Department of Fair Employment and Housing
ome Start a New Form	Resume a Form View Cases View Record Requests
Get Started	Get Started
 Related Parties	It is important that you read these instructions completely before you start the intake form.
Complaint Details	Submitting an intake form does not constitute the filing of a complaint. By submitting this form, you are asking the Department of Fair Employment and
Upload Files	Housing (DFEH) to review the information you provide for possible filing and investigation of a DFEH complaint. After the completion and submission of
	this intake form you will be scheduled for an intake interview with a DFEH representative. The DFEH representative will determine if a complaint can be accepted for investigation. Your submission of this document acknowledges that you have read and agree to the <u>DFEH's Privacy Policy</u>
Appointment	
Demographics	To complete the intake form you must provide information about the facts of your complaint including the person(s), business(es) or landlord that caused you harm. As you complete each section of the form your progress will be saved. If you are unable to complete the entire form now you can return to
	change or complete the form within 30 days of starting it. If you do not submit the Intake Form within 30 days of first starting it, the information you provided will be deleted. YOU MUST COMPLETE AND SUBMIT THE FORM FOR THE DFEH TO REVIEW IT.
Verify & Submit	
	Further details on the complaint process.
Case Summary	Please call the DFEH at 800-884-1684 (voice), 800-700-2320 (TTY) or California's Relay Service at 711 if you are not sure if this is the correct Intake Form for
Case #:	your case, or for any other questions.
202111-14617407	
Case Name:	Do you require special accommodation when interacting with DFEH?
form Type:	No you require special accommodation when interacting with DFEH?
Employment	Do you require a language interpreter when interacting with
Status:	No DEEH?

Form Detail Screen

- Provides information about the specific form being completed and links to helpful resources
- The blue form steps on the left can be used to navigate throughout the form
- The form steps may be different depending on the form selected.

- 1. Select a form step
- 2. Select "Previous" to move to the previous form step
- 3. Select "Next" to move forward a step in the form



Confirmation			
u have successfully submitted an Intake Form w	th the DFEH. This is not a filed complaint. The i	D number is 202110-1460 ntake interview process will determine whether the DFE additional hour for the actual intake interview itself.	

Confirmation Screen

• Provides confirmation that the form has been submitted successfully

- 1. Start a New Form
- 2. Resume a Form
- 3. View Cases
- 4. View Records Request



Home Start a New Fo	orm Resume a Form	View Cases	View Record Requests				
Show	Sort By				Search		
20 🔻	Submit Date (New	w - Old)			Q		
						▼ Refine filter	
202110-14604426 - Rol	berts / Big Data						
Form Type Case Number Status Assigned Staff	Employment 202110-14604426 Unsubmitted Pending	Date Submitted Date Filed Date Closed					
	🕞 View Form	🖞 Files & Notes	Print Summary				
				1 of 1 Next			

Resume Form Screen

• Displays cards for cases where the form has not been submitted

- 1. Sort and filter forms
- 2. View forms
- 3. Attach files and notes
- 4. Print a summary of the form



Home Start a New Form	Resume a Form	View Cases	View Record Requests		
Show	Sort By			Search	
20 🔻	Submit Date (Nev	w - Old)		▼ Q	
					▼ Refine filter
202110-14604426 - Roberts	/ Big Data				
	ployment 2110-14604426	Date Submitted			
	submitted	Date Filed			
Assigned Staff Pe	nding	Date Closed			
	₽ View Form 2	▲ Files & Notes	Print Summary		
				1 of 1 Next Last	

View Cases Screen

• Displays cards for all submitted cases

- 1. Sort and filter cases
- 2. View forms
- 3. Attach files and notes
- 4. Print a summary of the form



					English
	CRS	California Ci	vil Rights S	Bob Roberts	•
Ĺ	CH2	Department of Fair	Employment and	d Housing	
Home	Start a New Form	Resume a Form	View Cases	View Record Requests	
Show		Sort By		Search	
20	Ŧ	Submit Date (Ne	w - Old)	• •	eu-
				▼ Refine First Previous 1 of 0 Next Last	hiter
					Ť
ou need an acc	ommodation for a dis	ability in order to co	mplete a form, o	call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodatio	ns@dfeh.ca.gov.

View Record Requests Screen

• Display cards for Public Records Requests

- 1. Sort and filter requests
- 2. View forms
- 3. Attach files and notes
- 4. Print a summary of the form



3. Common User Scenarios

Following are a few of the most common ways a user may interact with the California Civil Rights System (CCRS). Click on the blue box below to go the instructions for each scenario. This guide is not intended to be a comprehensive list of all the ways to use CCRS.

Creating a CCRS Account	Logging Into CCRS	Resetting Your Password	Updating Your Account
Submitting an Intake Form	Viewing Your Case Status	Sending a Note to DFEH About Your Case	Obtaining a Right to Sue
Amending a Right to Sue	Requesting Public Records	Rescheduling an Intake Appointment	Withdrawing an Intake Form
	Immedia	an Issued ate Right- e Form	

If you need assistance with something not listed or have questions, contact DFEH at <u>contact.center@dfeh.ca.gov</u> or call (800) 884-1684 for assistance.



• Select "Register"

English

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3.1.1 Step 1: Access the Registration Screen State 1: Access the Registration Screen California Civil Rights System Department of Fair Employment and Housing CRS is an online public portal. Log in to file an intake form and schedule an intake interview with DFEH, obtain a Right-to-Sue notice, request public records, or view your pending cases. Quick Links

- Report Discriminatory Applications and Advertisements to DFEH
- <u>CCRS User Guide</u>
- <u>CCRS Outages and Scheduled Maintenances</u>
- Privacy and Security

3.1 Creating a CCRS Account

- <u>CCRS Accessibility</u>
- Send us feedback

Get in touch with DFEH

The Department of Fair Employment and Housing is open Monday through Friday from 8 am to 5 pm PST except on these <u>holidays</u>. For general information: 1. Call our Communication Center at 800-884-1684

- (voice), 800-700-2320 (TTY) or California's Relay Service at 711 2. Email <u>contact.center@dfeh.ca.gov</u>
- 3. Write to: 2218 Kausen Drive. Suite 100. Elk Grove. CA

If you need an accommodation for a disability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@dfeh.ca.gov

Accessibility information

Language services

Información en Español

• Tribal consultation policy

Access for people with disabilities

Enter Password

Forgot Password

For a translation

her native language:

Información en Español

State bilingual services

DFEH Language Access Coordinator:

Ianguage.access@dfeh.ca.gov

L 1-844-821-3465

1-888-519-5917

[→ Login

Register

DFEH assists anyone who needs a translation into his or

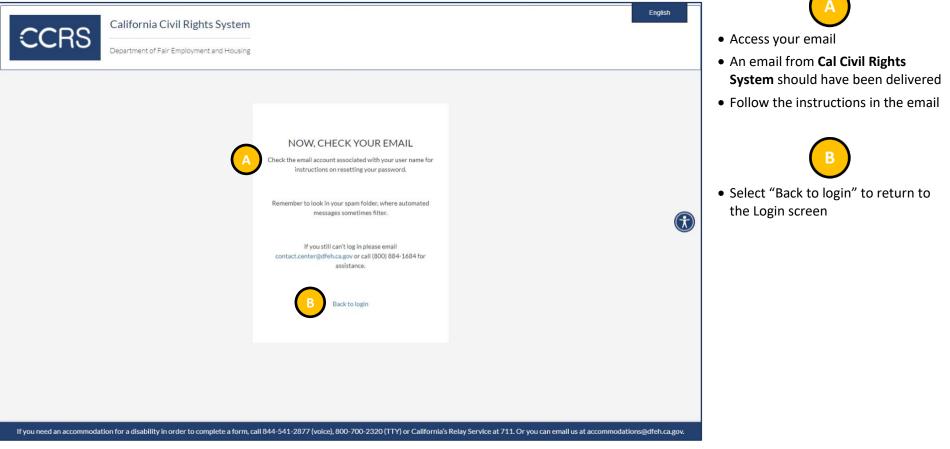


3.1.2 Step 2: Complete Required Information

3.1.2 Step 2: Complete Required Information			English	
C	CRS			 Complete all required information Required information is denoted by
A Choose Choose Enter your phone number: Register with an address Street*	Last Name* Email* Enter your mobile number:		œ	 both an asterisk following the field label and the field label displaying in a bold red font Required fields include First Name, Last Name, Email Address, Street, City, State and Zip. Agree to the DFEH Privacy Policy by clicking the box
City*	State*	Zip*		Select "Register"
	Choose ~			-
How did you hear about DFEH?				
Choose		~		
B I agree to DFEH's <u>Privacy Policy</u> Register				
If you need an accommodation for a disability in order to complete a form, call 844-541-2877 (vo	ice), 800-700-2320 (TTY) or California'	s Relay Service at 711. Or you (can email us at accommodations@dfeh.ca.gov.	



3.1.3 Step 3: Check Your Email





If you do not see an email from Cal Civil Rights System, check your email's junk folder. Otherwise, emails may be delayed based upon CCRS's transaction volume or from the email provider. If the email does not arrive, contact DFEH at contact.center@dfeh.ca.gov or call (800) 884-1684 for assistance.



3.1.4 Step 4: Set Your Password

3.1.4 Step 4: Set Your Password		
	<image/>	 Following the criteria, create a new password Enter the New Password Enter it again to Confirm New Password Select "Change Password"
	© 2021 www.dfeh.ca.gov. All rights reserved.	



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3.2 Logging Into CCRS

California Civil Right	s System	Engl	lish	Enter the Email used when registering with CCRS
Department of Fair Employment	t and Housing			• Enter the Password
California Civil Right CCRS is an online public portal. Log in to file an intake for to-Sue notice, request public records, or view your pendin Quick Links • Report Discriminatory Applications and Advertisemen • CCRS User Guide • CCRS Outages and Scheduled Maintenances • Privacy and Security • CCRS Accessibility • Send us feedback	m and schedule an intake interview with DFEH, obtain a Right- g cases.	Login Email		• Select "Login" • In the event of a lost or forgotten password, see section <u>3.3 Resetting</u> Your Password
Get in touch with DFEH The Department of Fair Employment and Housing is open Monday through Friday from 8 am to 5 pm PST except on three bridgen for excepted information:	Accessibility information Access for people with disabilities Language services Languagies are services	For a translation DFEH assists anyone who needs a translation into his or her native language:		
these holidays. For general information: 1. Call our Communication Center at 800-884-1684 (voice). 800-700-2320 (TTY) or California's Relay Service at 711 2. Email <u>contact.center@dfeh.ca.gov</u> 3. Write to: 2218 Kausen Drive. Suite 100. Elk Grove. CA	Información en Español Tribal consultation policy	Información en Español DFEH Language Access Coordinator:		

If you need an accommodation for a disability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@dfeh.ca.gov.

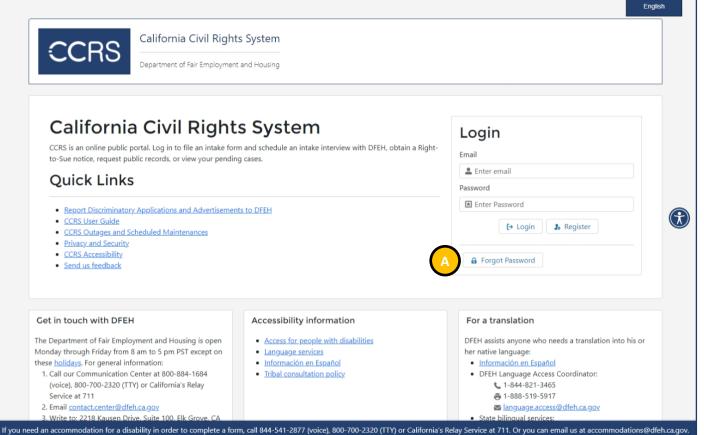


Select "Forgot Password"

3.3 Resetting Your Password

Return to top









3.3.2 Step 2: Enter Email Address

CCRS -	California Civil Rights System			English	 Enter the Email Address used for accessing CCRS
		<section-header><section-header><text><text><text><text><text><text></text></text></text></text></text></text></section-header></section-header>			 Belect "Send Reset Password Link" Select "Send Reset Password Link" CCRS will send a verification link to the provided email address Open the email from Cal Civil Rights System Follow the provided instructions and select the secure link If the password is found or should not be changed, select "Cancel"
If you need an accommodation	n for a disability in order to complete a form, ca	ll 844-541-2877 (voice), 800-700-2320 (TTY) or California's l	Relay Service at 711. Or you can email us at accommodations	aguren.ca.gov.	

!

If you do not see an email from Cal Civil Rights System, check your email's junk folder. Otherwise, emails may be delayed based upon CCRS's transaction volume or from the email provider. If the email does not arrive, contact DFEH at contact.center@dfeh.ca.gov or call (800) 884-1684 for assistance.



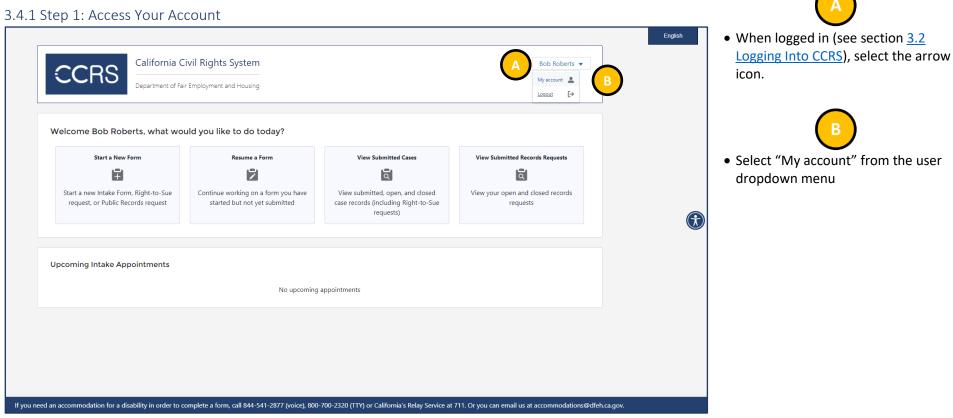
 \frown

3.3.3 Step 3: Reset Your Password

	 Following the criteria, create a new password
	 Enter the New Password
CCRS	Enter it again to Confirm New
Change Your Password	Password
Enter a new password for Make sure to Include at least: 1 Uppercase letter 1 Iowercase letter 1 special character 1 * New Password	• Select "Change Password"
* Confirm New Password	
Change Password	
Password was last changed on 10/27/2021 4:58 PM.	
© 2021 www.dfeh.ca.gov. All rights reserved.	



3.4 Updating Your Account





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3.4.2 Step 2: Edit Your Account

California Civil Rights System	View Cases View Record Requests	Bob Roberts 🔻	 Select "Edit" to make changes your account
User Bob Roberts	view cases view necona nequests	Edit	
Title Company Name Active			
✓ About Name			
V Contact			
Email	Phone (916) 555-1234		
Mobile (916) 555-4321	Address <u>1234 Main Street</u> <u>Sacramento, CA 95825</u> <u>US</u>		



 \frown

3.4.3 Step 3: Save Changes to Your Account

California Civil Right	Edit User			Bob Ro	oberts 🔻	 Make updates to your name
	• Name					contact information if neede
Home Start a New Form	First Name					
	Bob					
User	Middle Name					
Bob Roberts					Edit	
	* Last Name					
Title Company Name	Roberts					 Select "Save" to apply any cl
	Suffix					
	Contact					
✓ About						
Name	_ Email	Phone				
Bob Roberts		(916) 555-1234			$(\mathbf{\hat{x}})$	 If information does not need
✓ Contact	Mobile	Address				
	(916) 555-4321	Q Search	Address			updated, select "Cancel"
Email		Street				
Mobile		1234 Main Street				
(916) 555-4321						
		City	State/Province			
		Sacramento	CA			
		Zip/Postal Code	Country			
		95825	US			
		55625	05			
			-	-		
			Cancel Save			
			Cancer Jave			



3.5 Submitting an Intake Form

California C	Civil Rights System		Bob Roberts 🔻	<u>.ogging Into CCRS</u>), sele New Form"
	ir Employment and Housing			New Form
Velcome Bob Roberts, what wo	uld you like to do today?			
Start a New Form	Resume a Form	View Submitted Cases	View Submitted Records Requests	
iii ii	2	لط	বি	
Start a new Intake Form, Right-to-Sue request, or Public Records request	Continue working on a form you have started but not yet submitted	View submitted, open, and closed case records (including Right-to-Sue requests)	View your open and closed records requests	
pcoming Intake Appointments	No upcoming	appointments		

Page | 25



3.5.2 Step 2: Select the Form Type

CCRS	Fair Employment and Housing		Bob Roberts 💌
Home Start a New Form Resume a Fo	rm View Cases View Record Requests		
Start New Form View Department of Fair Employment and Ho	using's <u>Complaint Process</u>		
		orm to get started	
Employment	Immediate Right-to-Sue (for an Employment Complaint) E File an employment discrimination lawsuit instead of using the DFEH investigation process. This is advisable only if you have an attorney.	Housing E Housing discrimination, harassment and/or retaliation	Request Public Records
Criminal History in Employment	Unruh	Ralph	Disabled Persons Act (CC54)
Ē	Ē	Ē	Ē
Discrimination based on use of criminal history information in employment decisions	Discrimination or harassment by business establishments	Intimidation or acts of hate violence	Discrimination in services due to a disability or medical condition.



 Select the form to file. If you are unsure which intake form to use, visit <u>www.dfeh.ca.gov</u> for more information or contact DFEH by email at

<u>contact.center@dfeh.ca.gov</u> or by phone at 800-884-1684.



3.5.3 Step 3: Enter Required Information

	Please select a form to get started	
Employ Employment d	Employment Employment discrimination, harassment and/or retaliation	blic Records
harassmoot	* Did any of the alleged incidents occur in California? Yes No	I DFEH cases
Criminal History	Have you already filed this complaint with the U.S. Equal Employment Opportunity Commission (EEOC)? Yes No Is your complaint against a federal government agency or employer?	ons Act (CC54)
Discrimination b criminal history employmen	Yes No * Does your complaint allege discrimination based on the use of criminal history information in an employment decision? Yes No	services due to a edical condition.
Government	"How many people work for the employer/company that you are filing this complaint against? (Estimate for the whole company, not just your job site.) 1-14 15-49 50-100 101-200 201-500 501 or more Unknown	rafficking
Discrimination by recipient of s	Cancel Create Intake policy requirements ov t Lode Ser 12950.1)	Bercion, or ain labor or



- Enter the required information
- Required information is denoted by both an asterisk following the field label and the field label displaying in a bold font
- The questions in the popup vary depending on the type of form to be filed



 Select "Create Intake" to save your responses and continue the form



• Select "Cancel" to close the popup



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3.5.4 Step 4: Get Started

CCRS Home Start a New Form	California Civil Rights System Bob Roberts ▼ Department of Fair Employment and Housing Resume a Form View Cases View Cases View Record Requests	ish	 The form navigation menu displays on the left of the screen. Select any step to be navigated to it. The steps vary depending on the
Get Started Related Parties Complaint Details Upload Files Appointment Demographics Verify & Submit Case #: 202111-14617407 Case Name: Form Type: Employment Status: Draft	<section-header><section-header><section-header><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></section-header></section-header></section-header>	¢	form type. B Instructions for the form display C Some forms ask if special accommodations or a language interpreter is required when interacting with DFEH. Select "Yes" or "No". Select "Next" to continue the form



3.5.5 Step 5: Enter Related Parties

	California Civil Rights System			English	• You will be taken to the Related
CCRS	Department of Fair Employment and Housing		Bob Roberts 👻		Parties screen, where there are
Home Start a New Form	Resume a Form View Cases View Record Requ	iests			instructions and an explanation of terms
Get Started	Related Parties			_	в
	Instructions Click on the "Add" button to add the related parties				• Select "Add" in the Complainant box
Appointment Demographics Verify & Submit	Primary Respondent – The business or person	is fully authorized to represent the Complainant.	nainst.		 Select "Previous" to navigate to the previous form step
Case Summary Case #:	Respondent Representative - The person who	is fully authorized to represent the Respondent.	gun au		 Select "Next" to navigate to the next form step
202111-14615701 Case Name:	Primary Parties				
Form Type: Employment	COMPLAINANT	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT		
Status: Draft	B & Add	a Add	a Add		
	REQUIRED	OPTIONAL	REQUIRED		
	Additional Respondents		lo Add Additional Respondent		
		No Additional Respondents			
		< Previous Next >			
ed an accommodation for a di	sability in order to complete a form, call 844-541-2877 (v	oice), 800-700-2320 (TTY	e at 711. Or you can email us at accommodations	@dfeh.ca.gov.	



3.5.5.1 Step 5a: Add Complainant

		English
CCRS I	California Civil Rights System Bob Robe	rts 💌
Home Start a New Form	Resume a Form View Cases View Record Requests	
 Get Started Related Parties 	Related Parties	
Complaint Details	Click on the "Add" button to add the related parties to the intake form.	
Upload Files Appointment Demographics	Add Complainant Person filing complaint	
Case Summary Case #: 202111-14615701	A Add Myself Create and add new Entry Add myself to this role Create a new party and add them to this case	ŧ
Case Name: Form Type: Employment Status: Draft	Cancel T Add & Add & Ad	
	Additional Respondents No Additional Respondents	dent
nu need an accommodation for a dical	K Previous Next > bility in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommode	ations@dfeb.ca.nov

 Select "Add Myself" if you are submitting your own complaint



• Select "Create and add new Entry" if you are submitting a complaint on behalf of someone else



3.5.5.2 Step 5b: Add Complainant Representative

<page-header> Construction Calculation Construction Calculation Calculation</page-header>					Enj	
<page-header> Text Wird Wirk Rest Protocoment and Housing Year A tar Wirk Rest Protocoment Protocoment Rest Protocoment Rest Protocoment Rest Protocoment Rest Protocoment Protocom</page-header>		California Civil Rights System		Bob Roberts	•	
	CHO	Department of Fair Employment and Housing				
 Related Parties Complaint Details Upoad Files Appointment Demographics Verify & submit Care Summary Care Summary Reserved Files Pointment Telepresent table of the related parties to the intake form. Care Summary Care Summary Reserved Files Complainting Representative - A person who is fully authorized to represent the Complainant. Trimary Reproduct—The buildonal filing the complaint to being filed against. Care Summary Reserved Files Complainting Representative - The person who is fully authorized to represent the Reproduct. Complainting Representative - The person who is fully authorized to represent the Reproduct. Complainting Representative - The person who is fully authorized to represent the Reproduct. Reproduct Teles Complainting Representative - The person who is fully authorized to represent the Reproduct. Reproduct Teles Complainting Representative - The person who is fully authorized to represent the Reproduct. Point Statistics Reproduct Teles Complainting Representative - The person who is fully authorized to represent the Reproduct. Reproduct Teles Statistics Complainting Representative - The person who is fully authorized to represent the Reproduct. Point Statistics Statistics Complainting Representative - The person who is fully authorized to represent the Reproduct. Point Statistics Statistics Complainting Representative - The person who is fully authorized to represent the Reproduct. Point Statistics Statistics Complainting Representative - The person who is fully authorized to represent the Reproduct. Point Statistics Statistics Complainting Representative - The person who is fully authorized to represent the Reproduct to represent the Reproduct to represent the Representative - The Repr	Home Start a New Form	Resume a Form View Cases View Record Reque	ests			
 Complaint Detail Uroted Files Appointment Demographics Verify & Submit Constant Temperatures - A person who is fully authorized to represent the Complainant. Complainant Representative - A person who is fully authorized to represent the Complainant. Complainant Representative - A person who is fully authorized to represent the Complainant. Complainant Representative - A person who is fully authorized to represent the Reprodent. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complainant Representative - The person who is fully authorized to represent the Reproduct. Complain	🔶 Get Started	Related Parties				
Appointment Demographics Verity & Submit Case Summary Case %: 20111-14615701 Case Name: Repondent The person who is fully autorized to represent the Complainant. Primary Repondent - Any additional businesses or persons who the complaint is being filed against. Repondent Representative - The person who is fully autorized to represent the Respondent. Primary Repondent - Any additional businesses or persons who the complaint is being filed against. Repondent Representative - The person who is fully autorized to represent the Respondent. Primary Parties Primary Parties	Complaint Details		to the intake form.			
Case Summary Case #: 202111-14615701 Case Name: Roberts / No Primary Parties Form Type: Employment Status: Draft	Appointment Demographics	Complainant – The individual filing the complaint. Complainant Representative - A person who is fully authorized to represent the Complainant. Primary Respondent – The business or person who the complaint is being filed against.				
Respondent Form Type: Employment Status: Draft	Case #: 202111-14615701 Case Name:	Primary Parties		DDIMADY DECONDENT		
Leit Remove Additional Respondents No Additional Respondents	Form Type: Employment Status:	Bob Roberts 123 A Street				
Additional Respondents No Additional Respondents		Edit Remove	OPTIONAL	REQUIRED		
No Additional Respondents		Additional Respondents		♣ Add Additional Respondent		
< Previous Next >			No Additional Respondents			
			< Previous Next >			

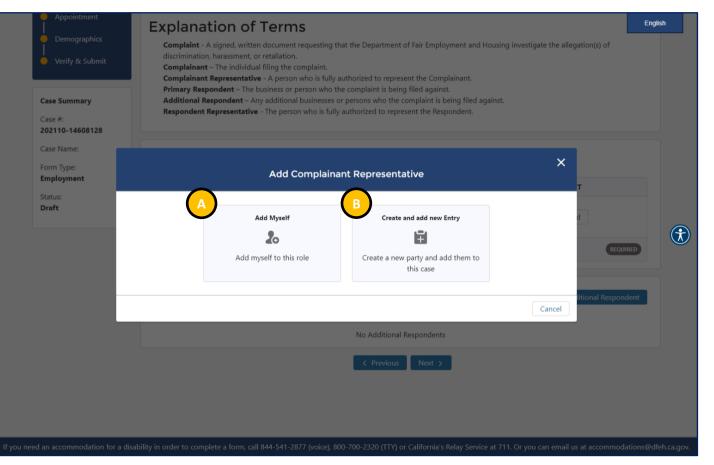


- After adding a complainant to the form, their information appears in the **Complainant** box
- Edit or remove the complainant information by selecting either "Edit" or "Remove"



• Optional: Select "Add" in the **Complainant Representative** box if the complainant is represented by an attorney or other party





• Select "Add Myself" to add yourself as the Complainant's Representative



 Select "Create and add new Entry" to add a new party as the Complainant's Representative



After adding a complainant representative to the form, their information appears in the

Select "Add" in the Primary

"Edit" or "Remove"

Respondent box

Complainant Representative box Edit or remove the representative information by selecting either

3.5.5.3 Step 5c: Add Primary Respondent

	Department of Fair Employment and Housing			
Home Start a New Form	Resume a Form View Cases View Record Requ	ests		
Get Started	Related Parties			
Related Parties Complaint Details Upload Files	Instructions Click on the "Add" button to add the related parties	s to the intake form.		
Appointment Demographics Verify & Submit	Primary Respondent – The business or person Additional Respondent – Any additional busin	is fully authorized to represent the Complainant.	gainst.	
Case Summary Case #: 202111-14615701 Case Name: Roberts / No Primary	Primary Parties	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT	
Respondent Form Type: Employment	Bob Roberts 123 A Street Sacramento, CA 95835	a Add	B & Add	
Status: Draft		OPTIONAL	REQUIRED	
	Edit Remove	U. HOIME		





		Eng	lish
CCBS	California Civil Rights System	•	
	Department of Fair Employment and Housing		
Home Start a New Form	Resume a Form View Cases View Record Requests	_	
Get Started	Related Parties		
Related Parties Complaint Details	Instructions Click on the "Add" button to add the related parties to the intake form.		
Upload Files Appointment Demographics	Add Respondent Entity or person alleged to have committed a practice made unlawful		
Verify & Submit Case Summary Case #: 202111-14615701	Create and add new Entry		Ť
Case Name: Roberts / No Primary Respondent	this case Cancel		
Form Type: Employment Status: Draft	123 A Street 36 Add 36 Add Sacramento, CA 95835 36 Add 36 Add Image: Control of the second sec	>	
	Additional Respondents No Additional Respondents	t	
unu and an accommodation for a firsh	Vext > Vility in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodatic	an c Ordfal	



 Select "Create and add new Entry" to add the Respondent to your complaint

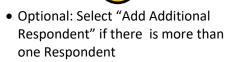


				English	
CCRS	California Civil Rights System		Bob Roberts	•	 Select "Person Account" if the Respondent is an individual
CHO	Department of Fair Employment and Housing				
Home Start a New Form	a Resume a Form View Cases View Record Requi	ests			
Get Started	Related Parties				• Select "Business Account" if the
Related Parties			×		Respondent is a business or company
Complaint Details	Ac	ld new account			company
	Please select the account type	\frown			
Appointment	Person Account	Business Account		(
Demographics	e	用用			
Verify & Submit	Select to add an individual	Select to add a business or company			
Case Summary					
Case #: 202111-14617407	Duine and Daubia a		Cancel Back		
Case Name:	Primary Parties				
Form Type: Employment	COMPLAINANT	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT		
Status: Draft	1. Add	26 Add	2. Add		
	REQUIRED	OPTIONAL	REQUIRE	•	
eed an accommodation for a c	disability in order to complete a form, call 844-541-2877 (vc	ice), 800-700-2320 (TTY) or California's Relay Servic	e at 711. Or you can email us at accommodati	ons@dfeh.ca.gov.	



3.5.5.4 Step 5d: Add Additional Respondents

Home Start a New Form	n Resume a Form View Cases View Record	Requests		English
Get Started	Related Parties			
Related Parties				
Complaint Details	Instructions			
Upload Files	Click on the "Add" button to add the related p	parties to the intake form.		
Appointment	Explanation of Term	IS		
Demographics	Complainant – The individual filing the o			
Verify & Submit		who is fully authorized to represent the Complainant. person who the complaint is being filed against.		
		I businesses or persons who the complaint is being filed a on who is fully authorized to represent the Respondent.	gainst.	
Case Summary				
	Duing any Doubles			
202111-14617407	Primary Parties			
Case Name: Form Type:		COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT	
Case Name:		COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT	
Case Name: Form Type: Employment Status:	COMPLAINANT	3. Add		
Case Name: Form Type: Employment Status:	COMPLAINANT 20 Add REQUIRE	D OPTIONAL	20 Add	
Case Name: Form Type: Employment Status:	COMPLAINANT	D OPTIONAL	L Add REQUIRED	
Case Name: Form Type: Employment Status:	COMPLAINANT 20 Add REQUIRE	D OPTIONAL	L Add REQUIRED	





		English
CCBS	California Civil Rights System	ierts 👻
	Department of Fair Employment and Housing	
Home Start a New Form	Resume a Form View Cases View Record Requests	
Get Started	Related Parties	
Related Parties	Instructions	
 Complaint Details Upload Files 	Click on the "Add" button to add the related parties to the intake form.	
Appointment	Add Respondent	
 Demographics 	Entity or person alleged to have committed a practice made unlawful	
Verify & Submit		
Case Summary	Create and add new Entry	Ť
Case #: 202111-14615701	Create a new party and add them to this case	
Case Name: Roberts / No Primary Respondent	т	
Form Type:	Cancel	
Status:	Sacramento, CA 95835 & Add & Add	
Draft		UIRED
	Edit Remove	
	Additional Respondents	ndent
	No Additional Respondents	
	< Previous Next >	
you need an accommodation for a disal	ibility in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommo	dations@dfeh.ca.gov.



 Select "Create and add new Entry" to add the Respondent to your complaint



				Eng	glish
	California Civil Rights System		Bot	Roberts 💌	
Home Start a New Form	Resume a Form View Cases View Record Reques	ts			
Get Started Related Parties	Related Parties				
Complaint Details	Ado	I new account	×		
Upload Files Appointment Demographics Verify & Submit	Person Account Person Account Select to add an individual	Business Account EA Select to add a business or company			•
Case Summary			Cancel Back		
Case #: 202111-14617407 Case Name:	Primary Parties		Cancer		
Form Type: Employment	COMPLAINANT	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT		
Status: Draft	3. Add	3. Add	3. Add		
	REQUIRED	OPTIONAL		REQUIRED	
need an accommodation for a disab	bility in order to complete a form, call 844-541-2877 (voic	e), 800-700-2320 (TTY) or California's Relay Service	at 711. Or you can email us at accor	mmodations@dfeh	.ca.gov.

• Select "Person Account" if the Respondent is an individual



 Select "Business Account" if the Respondent is a business or company



3.5.6 Step 6: Enter Complaint Details

Get Started	Complaint D	etails 🔼			
Related Parties Complaint Details	* First Date of Harm	* Most Recent Date		Harm ongoing: Is Harm ongoing?	
Upload Files Appointment Demographics Verify & Submit	Missing: Must select at least one				
Case Summary Case #: 202110-14605527 Case Name: Roberts / Big Data	I allege that I have experien Briefly describe what you believe	ced retailation to be the reason(s) for the discrimination	on, harassment, or retaliation. (Op	tional):	
Form Type:					



- Enter the required information
- Required information is denoted by both an asterisk following the field label and the field label displaying in a bold red font
- The questions vary depending on the type of form to be filed



 Once you select a checkbox, additional information will display to allow you to select the basis of your complaint and the harm you are alleging



- Select "Previous" to navigate to the previous form step
- Select "Next" to navigate to the next form step



3.5.7 Step 7: Upload Files

		English	
CCRS	California Civil Rights System Bob Roberts		 Select "Upload Files" to include attachments with the form
Home Start a New Form	Resume a form Vew Case Vew Record Requests	(B Select "Previous" to navigate to the previous form step Select "Next" to navigate to the next form step
If you need an accommodation for a disa	ability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@dfe	h.ca.gov.	



3.5.8 Step 8: Make Appointment

	alifornia Civil Righ	ts System				Bob Roberts 👻	English	
CCRS -						bob Roberts 🕈		• Enter the required information
Home Start a New Form R	epartment of Fair Employmen esume a Form View Cas Appointm	es View Record Re	quests					 Required information is denoted by both an asterisk following the field label and the field label displaying in a bold red font
Complaint Details	* Phone Number to Con (123) 456-7890 Select a date and time fo		* Phone 1 Home	Гуре	•			 The questions vary depending on the type of form to be filed
Appointment Demographics Verify & Submit	Monday Nov 08 2021	Tuesday Nov 09 2021 8AM-9AM 9AM-10AM	Wednesday Nov 10 2021 8AM-9AM 9AM-10AM	Thursday Nov 11 2021	Friday Nov 12 2021 8am 9am 9AM-10AM		٢	В
Case Summary Case #: 202110-14605527	10AM-11AM 11AM-12PM 12PM-1PM	10AM-11AM 11AM-12PM 12PM-1PM	10AM-11AM 11AM-12PM 12PM-1PM	10404412PM	10AM-11AM 11AM-12PM 12PM-1PM			 Select a date and time for your intake appointment. Appointments with an X are not available.
Case Name: Roberts / Big Data Form Type: Employment	1PM-2PM 2PM-3PM	1PM-2PM 2PM-3PM 3PM-4PM	2PM-3PM 3PM-4PM	DEM-BEEM 2004-SEEM 3004-400	2PM-82M 3PM-4PM			 Once you have selected an intake appointment it is reserved for 60 minutes.
Status: Draft	4PM-5PM 5PM-6PM	4PM-5PM 5PM-6PM	4PM-5PM 5PM-6PM	4200-SEM SEX-GEM	4PM-5PM 5PM-6PM			• You must submit your form while the appointment is reserved to secure
If you need an accommodation for a disabil	< Previous Week	rm, cali 844-541-2877	< Prev (voice), 800-700-2320 (T	$\dot{\frown}$	Next Week >	ail us at accommodations@dfet	ragov.	your appointment date/time. Otherwise you will be directed to go back to this page and select a new appointment.



- Select "Previous" to navigate to the previous form step
- Select "Next" to navigate to the next form step



 \frown

3.5.9 Step 9: Enter Demographics

Home Start a New Form	Department of Fair Employment and Housing Resume a Form View Cases View Record	Requests			 Enter optional demographic information
 Get Started Related Parties 	Demographics				В
Complaint Details Complaint Details Upload Files	Appointment Informat You currently have an appointment slot reso Your current appointment reservation will e	rved on Friday, November 12, 2021 duri	ng the 9AM-10AN	t hour.	 Select "Previous" to navigate to the previous form step
Appointment Demographics Verify & Submit	Demographic information for the primary THIS INFORMATION IS OPTIONAL AND IS Birthdate:		ES	Disability:	 Select "Next" to navigate to the new form step
Case Summary		Select	•	AIDS or HIV Blood/Circulation	
ase #:	Marital Status:	National Origin:		Brain/Nerves/Muscles Digestive/Urinary/Reproduction	
02110-14605527	Select	▼ Select	¥	Hearing	
ase Name: oberts / Big Data	Ethnicity:	Race:		Limbs [Arms/Legs]	
orm Type: i mployment	Select	▼ Select	•	Sight	
npioyment	Primary Language:			Speech/Respiration Spinal/Back/Respiration	
itatus:		•		Other Disability	
	Select				
Status: Draft	Religion:	Sexual Orientation:			



 \frown

3.5.10 Step 10: Verify & Submit

California Civil Rights System Department of Fair Employment and Housing	nmary
Internet Water Name Water Name Water Name Image: Note: Comparison Image: Note: Comparis Note: Note: Compari	
you need an accommodation for a disability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@dfeh.ca.gov.	



	Most Recent Date of Harm: 10/16/2021 Is the harm continuing?: Yes I ALLEGE THAT I EXPERIENCED HARASSM Because of my actual or perceived: Briefly describe what you believe to be the Following is a list of uploaded document(Document Name Big Data File Do you need a language Interpreter? No Appointment Contact phone number: (123) 456-7890 Appointment date: 11/12/2021	Ancestry Gender identity or expression Family Care or Medical Leave (CFRA) e reason(s) for the discrimination, harassment, or retaliation. (Optional)	English	 Select "Submit" to complete the form If you are not ready to submit your form, you can come back and finish it within 30 days of starting it. See section <u>2.6 Resume Form</u>. Once your case has been successfully submitted, you will receive an email with the appointment date/time. Reference your DFEH case # if you need to contact DFEH about this case.
A If you need an accommodation for a disab	information, please visit www.dfeh.ca.gov or con	ument does not constitute proof of filing of a Employment form with the DFEH. For additional tact the DFEH at 800-884-1684.	Pdfeh.ca.gov.	 B Select "Previous" to navigate to the previous form step



3.6 Viewing Your Case Status

				English	
California Ci	vil Rights System		Bob Roberts		• To view your Case Status, se
					"View Submitted Cases"
Department of Fair	Employment and Housing				
Welson Reb Reberts whether	dalaana illaa ka da ka da Q				
Welcome Bob Roberts, what wou	IId you like to do today?				
Start a New Form	Resume a Form	View Submitted Cases	View Submitted Records Requests		
Ĥ	2		[م]		
Start a new Intake Form, Right-to-Sue	Continue working on a form you have	View submitted, open, and closed	View your open and closed records	$(\widehat{\mathbf{x}})$	
request, or Public Records request	started but not yet submitted	case records (including Right-to-Sue	requests		
		requests)			
Upcoming Intake Appointments					
	No upcoming	appointments			
		-700-2320 (TTY) or California's Relay Service at		0.15.1	



									Englis	h
	CCRS	California Civ	vil Rights Sy	/stem				Bob Roberts	s 🔻	
		Department of Fair E	mployment and	Housing						
- 1	Home Start a New Forr	n Resume a Form	View Cases	View Record Requests						
	Show	Sort By			\odot	Search				
	20 🔻	Submit Date (New	w - Old)		T	٩				
\frown								▼ Refin	e filter	
	202110-14604426 - Robe	erts / Big Data								
-	Form Type Case Number	Employment 202110-14604426	Date Submitted							G
	Status Assigned Staff	Unsubmitted Pending	Date Filed Date Close	d						
		👺 View Form 🔮	Files & Notes	Print Summary						
		B	\bigcirc	First E	1 of 1 Next					
lf you ne	eed an accommodation for a	disability in order to con	nplete a form, ca	all 844-541-2877 (voice), 8	00-700-2320 (TTY) o	r California's Relay	Service at 711. Or you can	email us at accommodati	ions@dfeh	.ca.gov

• The Case Number and Case Name appear at the top of the card. You can also view the Status, Assigned Staff, Date Submitted, Date Filed, and Date Closed information for your case depending upon where it is in the process. For example, the Date Closed field will not display if your case not been closed.



- Select "View Form" to view the completed form
- You may edit the form for your case if the Status is Unsubmitted or New.



• You can sort or search for a case.



- Select "Files & Notes" to upload, download, or delete files and/or add notes
- See section <u>3.7 Sending a Note to DFEH</u> <u>About Your Case</u>



• Select "Print Summary" for a printable view of your intake form Page | 46



3.7 Sending a Note to DFEH About Your Case

3.7.1 Step 1: View Submitted Cases

CCRS	ivil Rights System		Bob Roberts 👻	English
Welcome Bob Roberts, what wou Start a New Form E Start a new Intake Form, Right-to-Sue request, or Public Records request	Resume a Form	View Submitted Cases	View Submitted Records Requests	
Upcoming Intake Appointments	No upcoming	appointments		

• When logged in (see section <u>3.2</u> Logging Into CCRS), select "View Submitted Cases"



3.7.2 Step 2: Open the Notes Section

[E	English	
	California Civil Rig	hts System		Bob Roberts 👻		 All cases display
CCRS	Department of Fair Employm	ent and Housing				• Select "Files & Notes" for the
Home Start a New Form	Resume a Form View C	Cases View Record Requests				which you want to add a note
Show	Sort By		Search			\frown
20 💌	Submit Date (New - Old)					<u> </u>
202110-14605527 - Roberts /	(Big Data			▼ Refine filter		• You can sort or search for a ca
	ployment Dat	te 10/27/21				you have many listed here
	2110-14605527 Sub	bomitted te Filed				
Assigned Staff Pen	nding Dat	te Closed			$(\mathbf{\hat{x}})$	
🕼 View Form		int Summary 💼 Withdraw				
		First Previous	1 of 1 Next Last			
	\bigcirc					



3.7.3 Step 3: Open Notes Tab

CCRS Califor	nia Civil Rights System	Bob Roberts 👻	• Se	elect "Notes"
Departme	nt of Fair Employment and Housing			
Home Start a New Form Perume :	View Caser View Darort Danuerte	×		В
Show	Additional Information for 202110-14605527		а Г.	eter the Nate Subject and
20 ¥	Notes	▼ Refine filter		nter the Note Subject and escription
Form Type	your message below			\bigcirc
Case Number Status Assigned Staff			۰ Se	elect "Add Note"
View Fc Add note			fil	Iultiple notes can be added by lling in the Note Subject and
No notes to	provided	^		escription, then selecting "Add ote" after each entry
				D
			• Se	elect "Close" when complete



3.8 Obtaining a Right-to-Sue

Department of Pai	r Employment and Housing			
Start a New Form	uld you like to do today? Resume a Form	View Submitted Cases	View Submitted Records Requests	
Start a new Intake Form, Right-to-Sue request, or Public Records request	Continue working on a form you have started but not yet submitted	View submitted, open, and closed case records (including Right-to-Sue requests)	View your open and closed records requests	•
Upcoming Intake Appointments				
	No upcoming a	appointments		

- nen logged in (see section <u>3.2</u>
- Logging Into CCRS), select "Start a New Form"



3.8.2 Step 2: Select the Right-to-Sue Form

	Civil Rights System		Bob Roberts 💌
ome Start a New Form Resume a Form Start New Form iew Department of Fair Employment and Hou			
Employment Employment discrimination, harassment and/or retaliation	Please select a for Immediate Right-to-Sue (for an Employment Complaint) EE File an employment discrimination lawsuit instead of using the DFEH investigation process. This is advisable only if you have an attorney.	rm to get started Housing Housing discrimination, harassment and/or retaliation	Request Public Records
Criminal History in Employment	Unruh	Ralph	Disabled Persons Act (CC54)



• Select "Immediate Right-to-Sue (for an Employment Complaint)"



3.8.3 Step 3: Review Instructions

					English	
CCDS	California	Civil Rights System		Bob Robert	s 💌	Read the instructions carefully
Cho	Department of F	air Employment and Housing				
Home Start a New Fo	rm Resume a Form	View Cases View Record Requests				
Start New Forr	File an employment	100 C	or an Employment Complaint) H investigation process. This is advisable only if y	× rou have an attorney.		• Select "Create Right to Sue" to continue the form
	Instructions					\bigcirc
Employ	Read these instruction	ons before you proceed.		blic Records	(
E	within one year from	the date of the notice. Once DFEH issues a Rig	ction against the person and/or employer that y ht-to-Sue notice, the department will not investi	gate the complaint	Ŭ	• Select "Cancel" to close the popu
Employment d harassment and		y documents to the person you are filing again You should complete the Employment Intake F	st. If you want the DFEH to conduct an investigat orm instead.	ion, do not obtain a request for one I DFEH cases	or	
	Would you like to s	tart a Right to Sue form?				
Criminal History	in Employment	Unruh	C Cancel Cr Ralph	Disabled Persons Act (CC54)		
	i i	Ĥ	E .	B		
	ased on use of	Discrimination or harassment by	Intimidation or acts of hate violence	Discrimination in services due to	a	





3.8.4 Step 4: Get Started

	Eng	lish	
CCRS	California Civil Rights System		 The form navigation menu displays on the left of the screen.
CCHO	Department of Fair Employment and Housing		 Select any step to navigate to it.
Home Start a New Form	Resume a Form View Cases View Record Requests		Jerre Jerre Jerre J
• Get Started	Get Started		в
Related Parties	It is important that you read these instructions completely before you start the intake form.		 Instructions for the form display
Complaint Details	A Right to Sue notice issued by the DFEH allows you to bring civil action against the employer and/or person that you are filing against. You must file your		
Upload Files	case in court within one year from the date of the notice. Once DFEH issues a Right to Sue notice, the department will not investigate the complaint and will not serve any documents to the person you are filing against. If you want the DFEH to review the information you provide for possible filing and		
Demographics	investigation of a DFEH complaint, you should not obtain a Right to Sue notice. Instead go back and follow the instructions for filing a complaint.	$(\mathbf{\hat{x}})$	
 Verify & Submit	Further details on the complaint process. To complete the intake form you must provide information about the facts of your complaint including the person(s) and or business(es) that caused you		• Select "Next" to continue the form
	harm. As you complete the form within 30 day of starting it. If you do not submit the intake form within 30 days of first starting it, the information you provided will		
Case Summary	be deleted. YOU MUST COMPLETE AND SUBMIT THE FORM TO OBTAIN YOUR RIGHT TO SUE.		
Case #: 202110-14608228	After you submit the form, we will email you a Right to Sue notice with the information you provided. If you would like to view your submission in CCRS, it will be listed under 'View Cases' in your CCRS account. If you need to amend your Right to Sue notice, find the form under 'View Cases' and click on the		
Case Name:	View Form' button. Make the necessary changes to the form and re-submit it. The new amended notice will be emailed to you and will also be saved to your account.		
Form Type: Right to Sue	If you have any questions, contact the DFEH at contact.center@dfeh.ca.gov or by phone at 800-884-1684 (voice), 800-700-2320 (TTY) or California's Relay Service at 711.		
Status: Draft			
brant	Next >		
	ability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@dt	fals an grou	



3.8.5 Step 5: Enter Related Parties

.8.5 Step 5: Enter Rel	ated Parties				
			E	English	
CCRS	California Civil Rights System		Bob Roberts 👻		• You will be taken to the Related
CHO	Department of Fair Employment and Housing				Parties screen, where there are instructions and an explanation of
Home Start a New Form	Resume a Form View Cases View Record Reque	sts			terms
Get Started	Related Parties			-	в
Related Parties Complaint Details	Instructions Click on the "Add" button to add the related parties of	to the intake form.			 Select "Add" in the Complainant box
Upload Files Uploa	Explanation of Terms	nt			<u>_</u>
Case Summary	Complainant Representative - A person who is Primary Respondent – The business or person	s fully authorized to represent the Complainant. who the complaint is being filed against. esses or persons who the complaint is being filed ag	ainst.	•	 Select "Previous" to navigate to the previous form step Select "Next" to navigate to the next
202111-14615801					form step
Case Name: Form Type:	Primary Parties				
Right to Sue	COMPLAINANT	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT		
Draft	B & Add	a Add	a Add		
	REQUIRED	OPTIONAL	REQUIRED		
			a Add Additional Respondent		
	Additional Respondents	No Additional Deconducts			
		No Additional Respondents			
		< Previous Next >			
If you need an accommodation for a disa	bility in order to complete a form, call 844-541-2877 (voi	ice), 800-700-2320 (TTY) or California's Relay Service	e at 711. Or you can email us at accommodations@d	feh.ca.gov.	



3.8.5.1 Step 5a: Add Complainant

		English
E CRS -	California Civil Rights System Bob Roberts Department of Fair Employment and Housing	
Home Start a New Form	Resume a Form View Cases View Record Requests	
Related Parties Complaint Details	Related Parties Instructions Click on the "Add" button to add the related parties to the intake form.	
Upload Files Demographics Verify & Submit	Add Complainant Person filing complaint	
Case Summary Case #: 202111-14615801 Case Name:	A Add Myself Create and add new Entry Add myself to this role Create a new party and add them to this case	*
Form Type: Right to Sue	Cancel	
Status: Draft	2. Add 2. Add 2. Add	
	REQUIRED OPTIONAL REQUIRED	
	Additional Respondents	
	No Additional Respondents	
	< Previous Next >	
you need an accommodation for a disab	vility in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodation	@dfeh.ca.gov.





 Select "Create and add new Entry" if you are submitting on behalf of someone else



3.8.5.2 Step 5b: Add Complainant Representative

				Englis
CCRS	California Civil Rights System		Bob Roberts	•
CHO	Department of Fair Employment and Housing			
Home Start a New Form	Resume a Form View Cases View Record Reque	ests		
_				_
Get Started	Related Parties			
Related Parties	Instructions			
Complaint Details	Click on the "Add" button to add the related parties	to the intake form.		
Upload Files				
Demographics	Explanation of Terms			
😑 Verify & Submit	Complainant – The individual filing the compla Complainant Representative - A person who i			
Case Summary	Primary Respondent – The business or person Additional Respondent – Any additional busin	who the complaint is being filed against. esses or persons who the complaint is being filed a	gainst.	
Case #: 202111-14615801	Respondent Representative - The person who	is fully authorized to represent the Respondent.		
Case Name:	Drimony Darties			
Roberts / No Primary Respondent	Primary Parties			
Form Type: Right to Sue	COMPLAINANT	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT	
Status:	Bob Roberts 123 A Street			
Draft	Sacramento, CA 95835	B & Add	a Add	
	A C Remove	OPTIONAL	REQUIRED	
	Additional Respondents		2 Add Additional Respondent	
		No Additional Respondents		
		< Previous Next >		



- After adding a complainant to the form, their information appears in the **Complainant** box
- Edit or remove the complainant information by selecting either "Edit" or "Remove"



• Select "Add" in the Complainant Representative box if the complainant is represented by an attorney or other party.



				English
CCRS	California Civil Rights System		Bob Roberts 👻	
	Department of Fair Employment and Housing			
Home Start a New Form	Resume a Form View Cases View Record Reque	sts		
Get Started Related Parties Complaint Details Upload Files	Related Parties	to the intake form.		
 Demographics Verify & Submit 	Add Comp	lainant Representative	×	
Case Summary Case #: 202111-14615801	A Add Myself & Add myself to this role	Create and add new Entry		Ť
Case Name: Roberts / No Primary Respondent		this case		
Form Type: Right to Sue	Bob Roberts 123 A Street		Cancel	
Draft	Sacramento, CA 95835	2. Add	2. Add	

• Select "Add Myself" to add yourself as the Complainant's Representative



 Select "Create and add new Entry" to add a new party as the Complainant's Representative



3.8.5.3 Step 5c: Add Primary Respondent

CCRS	Department of Fair Employment and Housing			
Home Start a New Form	Resume a Form View Cases View Record Reque	sts		
Get Started	Related Parties			
Related Parties Complaint Details Upload Files	Instructions Click on the "Add" button to add the related parties	to the intake form.		
Demographics Verify & Submit Case Summary Case #: 202111-14615801	Explanation of Terms Complainant – The individual filing the compla Complainant Representative - A person who is Primary Respondent – The business or person Additional Respondent – Any additional busin Respondent Representative - The person who	s fully authorized to represent the Complainant. who the complaint is being filed against. esses or persons who the complaint is being filed a	igainst.	
Case Name: Roberts / No Primary Respondent	Primary Parties			
Form Type:	COMPLAINANT	COMPLAINANT REPRESENTATIVE	PRIMARY RESPONDENT	
Right to Sue Status: Draft	Bob Roberts 123 A Street Sacramento, CA 95835	a Add	B & Add	
	A Contraction Cont	OPTIONAL	REQUIRED	
	Additional Respondents		a Add Additional Respondent	
		No Additional Respondents		



- After adding a complainant representative to the form, their information appears in the Complainant Representative box
- Edit or remove the representative information by selecting either "Edit" or "Remove"

 Select "Add" in the Primary Respondent box

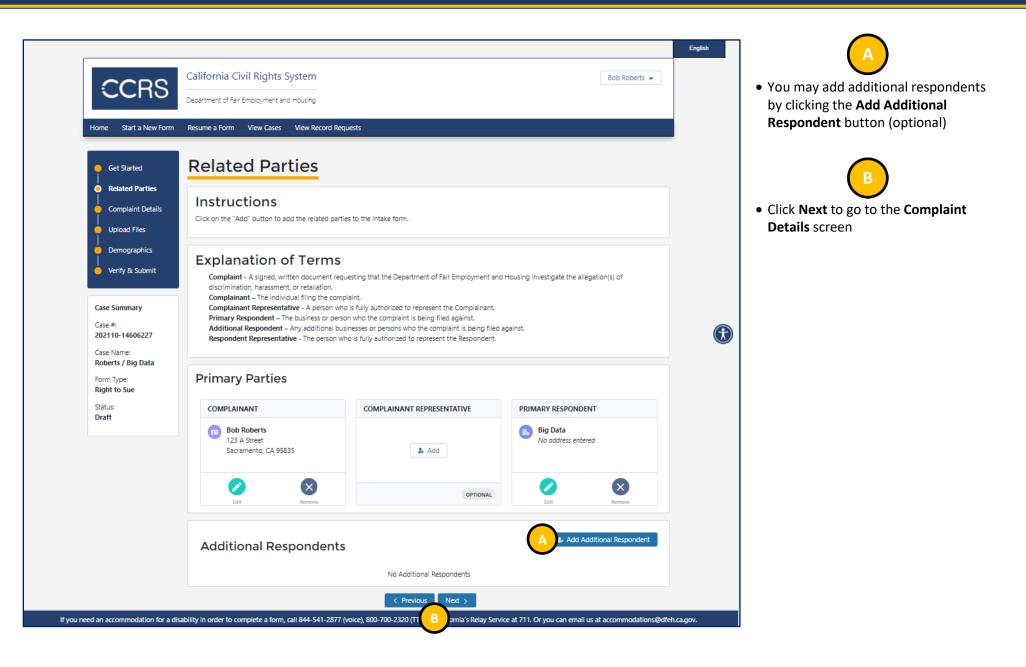


				English
CCRS	California Civil Rights System		Bob Robert	••
Home Start a New Form	Resume a Form View Cases View Record Requ	ests		
Get Started Related Parties Complaint Details Upload Files	Related Parties Instructions Click on the "Add" button to add the related parties	to the intake form.		
Demographics		dd Respondent to have committed a practice made unlawful	×	
Case Summary Case #: 202111-14615801 Case Name: Roberts / No Primary Respondent	T	new party and add them to this case		*
Form Type: Right to Sue			Cancel	
Status: Draft	123 A Street Sacramento, CA 95635	2. Add	2º Add	



• Select "Create and add new Entry" to add the Respondent to your complaint







3.8.6 Step 6: Enter Complaint Details

Home Start a New Form	Resume a Form View Cases View Record Requests	
Get Started	Complaint Details	
Related Parties Complaint Details Upload Files Demographics Verify & Submit Case Summary Case #: 202110-14606227	Most Recent Date of Harm Is Harm ongoing: Is Harm ongoing? Missing: Most recent date of harm must be entered. Missing: Must select at least one: discrimination; harassment; retallation; I allege that I have experienced discrimination I allege that I have experienced harassment B	¢
Case Name: Roberts / Big Data Form Type: Right to Sue Status: Draft	Briefly describe what you believe to be the reason(s) for the discrimination, harassment, or retaliation. (Optional):	



 Required information is denoted by both an asterisk following the field label and the field label displaying in a bold red font



 Once you select a checkbox, additional information will display to allow you to select the basis of your complaint and the harm you are alleging



- Select "Previous" to navigate to the previous form step
- Select "Next" to navigate to the next form step



3.8.7 Step 7: Upload Files

CCRS	California Civil Rights System Bob Roberts	English	 Select "Upload Files" to include attachments with the form
Home Start a New Form	Resume a Form View Cases View Record Requests		• Select "Previous" to navigate to the
Complaint Details Upload Files Demographics Verify & Submit	All documents submitted to the DFEH by any party, whether uploaded to this website or sent by other means, are public records that may be subject to disclosure under the California Public Records Act, Government Code section 6250 et seq.	•	previous form stepSelect "Next" to navigate to the next form step
Case Summary Case #: 202110-14606227 Case Name: Roberts / Big Data	< Previous Next >		
Form Type: Right to Sue Status: Draft			



 \frown

3.8.8 Step 8: Enter Demographics

Home Start a New Form	Resume a Form View Cases \	View Record Requests				
Get Started Related Parties Complaint Details Upload Files Demographics Verify & Submit Case Summary Case #: 202110-14606227 Case Name: Roberts / Big Data Form Type: Right to Sue Status: Draft	Demographic information for th THIS INFORMATION IS OPTION Birthdate: Marital Status: Select Ethnicity: Select Primary Language: Select Religion: Select	CS the primary complainant VAL AND IS ONLY USED Ge IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	D FOR STATISTICAL PURPOSE inder or Gender Identity: 5elect itional Origin: 5elect	S	Disability: AIDS or HIV Blood/Circulation Brain/Nerves/Muscles Digestive/Urinary/Reproduction Hearing Heart Limbs (Arms/Legs) Mental Sight Speech/Respiration Spinal/Back/Respiration Other Disability	 Select "Previous" to navigate to previous form step Select "Next" to navigate to the form step



 \frown

3.8.9 Step 9: Verify & Submit

CCRS	California Civil Rights System	ts 💌	 Verify the form summary
	Department of Fair Employment and Housing		
Home Start a New Form	Resume a Form View Cases View Record Requests		В
Get Started	Verify & Submit		 Select "Printable View" for friendly version of the form
Related Parties Complaint Details Upload Files	By submitting this complaint, you are declaring under penalty of perjury under the laws of the State of California that, to the best of your knowled information contained in this complaint is true and correct, except matters stated on your information and belief, and you declare that those matter you believe to be true.		
Demographics Original Constraints Original Constraints	CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING	iew 🕅	
	Right to Sue		
Case Summary Case #:	This document is not your proof of submission. Complete the submission process within 30 days to initiate DFEH review. After 30 days, all information provided will be erased from the DFEH website.		
202110-14606227 Case Name:	Roberts / Big Data		
Roberts / Big Data	INSTRUCTIONS		
Form Type: Right to Sue	Are you filing for someone else:		
Status: Draft	COMPLAINANT INFORMATION Name: Bob Roberts		
	Address: 123 A Street		
	City/State/Zip: Sacramento, CA 95835		
	Telephone:		



RESPONDENT AND CO-RESPONDENT(S)			En	glish	
Name Addres	s Telephone	Mobile	Email		• Fill in the boxes for Verifier Name,
Big Data Not Provided					Verifier relationship to
DATES OF HARM Most Recent Date of Harm: 10/1/2021					Complainant, and Verifier City and State
Is the harm continuing?: Yes	MENT:				
Because of my actual or perceived:	Ancestry Age (40 and over)				
Briefly describe what you believe to be t Following is a list of uploaded documen		ssment, or retaliation. (Optional)		 Select "Submit" to complete the form
Document Name	Upda	ite Date/Time		$(\hat{\mathbf{x}})$	• If you are not ready to submit your
Big Data File	10/2	7/2021 15:37			form, you can come back and finish
NOT A LEGALLY BINDING DOCUMENT. This do information, please visit www.dfeh.ca.gov or co	cument does not constitute proof of filing of a R ntact the DFEH at 800-884-1684.	ight to Sue form with the Df	EH. For additional		it within 30 days of starting it.
* Verifier Name	* Verifier relationship to Complainant	* Verifier City and St	tate		$\overline{\mathbf{O}}$
Submit					 Select "Previous" to navigate to the
В					previous form step
	< Previous				previous form step
y in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay S	ervice at 711. Or you can en	nail us at accommodations@dfeh.ca.go	ov.	• Once you submit the form, the
					Right-to-Sue will be generated and

 You can also view the Right-to-Sue in CCRS - <u>See Section: 3.13 Viewing</u> an issued Immediate Right-to-Sue

sent to the email address on file



3.9 Amending a Right-to-Sue



	i il Dielee Costere		Engli
CCRS	ivil Rights System		Bob Roberts 💌
Welcome Bob Roberts, what wo	uld you like to do today?	•	
Start a New Form	Resume a Form	A View Submitted Cases	View Submitted Records Requests
Start a new Intake Form, Right-to-Sue request, or Public Records request	Continue working on a form you have started but not yet submitted	View submitted, open, and closed case records (including Right-to-Sue requests)	View your open and closed records requests
Upcoming Intake Appointments	No upcoming	appointments	
eed an accommodation for a disability in order to c	omplete a form, call 844-541-2877 (voice), 800	-700-2320 (TTY) or California's Relay Service at	711. Or vou can email us at accommodations@dfe

• When logged in (see section <u>3.2</u> Logging Into CCRS), select "View Submitted Cases"



3.9.2 Step 2: Open the Form

	California Ci	vil Rights S	vstem		Bob Roberts 👻	English	All cases display
CCR	SI				bob Roberts 🛡		
	Department of Fair	Employment and	Housing				• Find the Right-to-Sue that yo
Home Start a New	Form Resume a Form	View Cases	View Record Requests				to amend, select "View Form
Show	Sort By			Search			
20 💌	Submit Date (Ne	w - Old)					
					▼ Refine filter		
							• You can sort or search for a c
202110-14605527 - 1	Roberts / Big Data						you have many listed
Form Type Case Number	Employment 202110-14605527	Date Submitted	10/27/21				you have many listed
Status	New	Date Filed				Ť	
Assigned Staff	Pending	Date Close	d				
🕏 View	Form 🗘 Files & Notes	 Print Sum 	mary 💼 Withdraw				
view	Form I Files & Notes	• Print Sum					
				1 of 1 Next Last			



3.9.3 Step 3: Edit the Right-to-Sue Form

CCRS	California Civil Rights System
	Department of Fair Employment and Housing
ome Start a New Form	Resume a Form View Cases View Record Requests
Get Started	Get Started
Related Parties	It is important that you read these instructions completely before you start the intake form.
 Complaint Details Upload Files	A Right to Sue notice issued by the DFEH allows you to bring civil action against the employer and/or person that you are filing against. You must file your case in court within one year from the date of the notice. Once DFEH issues a Right to Sue notice, the department will not investigate the complaint and
Demographics	will not serve any documents to the person you are filing against. If you want the DFEH to review the information you provide for possible filing and investigation of a DFEH complaint, you should not obtain a Right to Sue notice. Instead go back and follow the instructions for filing a complaint.
l Verify & Submit	Further details on the complaint process. To complete the intake form you must provide information about the facts of your complaint including the person(s) and or business(es) that caused you harm. As you complete each section of the form your progress will be saved. If you are unable to complete the entire form now, you can return to change or complete the form within 30 day of starting it. If you do not submit the intake form within 30 days of first starting it, the information you provided will
Case Summary	be deleted. YOU MUST COMPLETE AND SUBMIT THE FORM TO OBTAIN YOUR RIGHT TO SUE.
Case #: 202110-14608228	After you submit the form, we will email you a Right to Sue notice with the information you provided. If you would like to view your submission in CCRS, it will be listed under 'View Cases' in your CCRS account. If you need to amend your Right to Sue notice, find the form under 'View Cases' and click on the 'View Form' button. Make the necessary changes to the form and re-submit it. The new amended notice will be emailed to you and will also be saved to
Case Name:	your account.
Form Type: Right to Sue	If you have any questions, contact the DFEH at contact.center@dfeh.ca.gov or by phone at 800-884-1684 (voice), 800-700-2320 (TTY) or California's Relay Service at 711.
Status: Draft	



- Use the form navigation menu to navigate to the sections requiring amendment
- See section <u>3.8 Obtaining a Right-to-</u> <u>Sue</u> for details on completing the form



• Select "Next" to continue editing the form



3.10 Requesting Public Records

ep 1: Start a New Form	1			• When logged in (see
California C	ivil Rights System		Bob Roberts 🔻	Logging Into CCRS), New Form"
	ir Employment and Housing			
lelcome Bob Roberts, what wo	uld you like to do today?			
Start a New Form	Resume a Form	View Submitted Cases	View Submitted Records Requests	
iii -		۵	la	
Start a new Intake Form, Right-to-Sue request, or Public Records request	Continue working on a form you have started but not yet submitted	View submitted, open, and closed case records (including Right-to-Sue requests)	View your open and closed records requests	
pcoming Intake Appointments				
	No upcoming	appointments		



3.10.2 Step 2: Select the Request Public Records Form

CCRS	California Civ	vil Rights System		Bob Roberts 💌	
	epartment of Fair	Employment and Housing			
Home Start a New Form I	Resume a Form	View Cases View Record Requests			
Start New Form View Department of Fair Employr	nent and Housing	's <u>Complaint Process</u>			
		Please select a	a form to get started	A	
Employment		Immediate Right-to-Sue (for an Employment Complaint) E File an employment discrimination lawsuit instead of using the DFEH	Housing E Housing discrimination, harassment and/or retaliation	Request Public Records	
harassment and/or reta		investigation process. This is advisable only if you have an attorney.	e		
harassment and/or reta Criminal History in Emplo	oyment		Ralph	Disabled Persons Act (CC54)	





3.10.3 Step 3: Review Instructions

				English	
California	Civil Rights System		Bob Roberts 👻		• Select "Request Public Records" to
Department of F	air Employment and Housing				continue the form
Home Start a New Form Resume a Form	View Cases View Record Requests				
Start New Form					
View Department of Fair Employment and Hous	ing's <u>Complaint Process</u>				 Select "Cancel" to close the popul
		ublic Records	×		
Employ	Submit a records request for	one or more closed DFEH cases	blic Records	(
	art a Public Records Request?		i -		
Employment of harassment and		B Cancel Reque	st Public Records		
	investigation process. This is advisable only if you have an attorney.				
Criminal History in Employment	Unruh	Ralph	Disabled Persons Act (CC54)		
Ŧ	i i i i i i i i i i i i i i i i i i i	Ŧ	i i i i i i i i i i i i i i i i i i i		
Discrimination based on use of criminal history information in	Discrimination or harassment by business establishments	Intimidation or acts of hate violence	Discrimination in services due to a disability or medical condition.		
employment decisions					



3.10.4 Step 4: Get Started

		English	
CCRS	California Civil Rights System Bob Roberts 👻		• The form navigation menu displays
CHO	Department of Fair Employment and Housing		on the left of the screen.
ome Start a New Form	Resume a Form View Cases View Record Requests		 Select any step to be navigated to i
			The steps vary depending on the form type.
Get Started	Get Started		ionn type.
Request Details	Step 1: Submit Request		
Upload Files	Please complete the Public Records Request Form with all required information. The information you provide is saved as you click on each screen. You may resume the session within 30 days to complete the request by logging in with your User ID. If you do not complete the request within 30 days, however, the information will disappear and you will need to restart the process.		Instructions for the form display
	YOU MUST COMPLETE THE ENTIRE PROCESS AND CLICK "SUBMIT" TO COMPLETE YOUR REQUEST.		
ise Summary iquest #: 02110-03680127	After you submit the form you will receive a confirmation email with your Public Records Request (PRA) number and a brief summary of the information being requested. Once you have submitted your request, you may not change the request to seek additional records. If you need additional records, you must complete and submit another request.	$(\mathbf{\hat{x}})$	
prm Type:	Step 2: Fees and Payment		
A	If the Department of Fair Employment and Housing (DFEH) determines that it will not apply a fee to your request, DFEH will process your request. However, if payment is required, you will receive an invoice within 10 days of submission of your request and DFEH will process your request when it receives		• Select "Next" to continue the form
atus: raft	payment. If DFEH does not receive payment within 30 days, DFEH will close the request.		
	DFEH will determine whether to apply a fee to your request based on the following guidelines:		
	A. Processing Fee		
	There may be an hourly fee if your request seeks records that are only produced at otherwise regularly scheduled intervals or the request requires data compilation, extraction, or programming.		
	B. Copying and Mailing Fee		
	DFEH will not charge a fee for documents sent by email. If you request delivery of a paper copy, DFEH will charge a fee of \$0.10 per page for copying plus the cost of mailing via USPS First-Class Mail.		
	C Next >		
an accommodation for a di	sability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@dfi	eh.ca.gov.	



3.10.5 Step 5: Enter Request Details

					English	
	alifornia Civil Rights System			Bob Roberts 👻		Enter the required information
CCRS	epartment of Fair Employment and Housing					 Required information is denoted by both an asterisk following the field
	esume a Form View Cases View Record	Requests				label and the field label displaying in a bold font
Request Details Upload Files	* Is this request related to a DFEH Complaint?					в
Verify & Submit	* Specify Documents Requested	* Delivery Preference	Type of Requestor None	•		 Select "Previous" to navigate to the previous form step
Request #: 202110-03680127		< Previous Next >	1			 Select "Next" to navigate to the next form step
Form Type: PRA Status:		в				
Draft						
eed an accommodation for a disabili	ity in order to complete a form, call 844-541-28	77 (voice), 800-700-2320 (TTY) or California's	Relay Service at 711. Or you can email us	at accommodations@dfel	h.ca.gov.	



3.10.6 Step 6: Upload Files

		English	
CCRS	California Civil Rights System		 Select "Upload Files" to include attachments with the form
Home Start a New Form	Department of Fair Employment and Housing Resume a Form View Cases View Record Requests		
- Get Started	Upload Files		
Request Details Upload Files	All documents submitted to the DFEH by any party, whether uploaded to this website or sent by other means, are public records that may be subject to disclosure under the California Public Records Act, Government Code section 6250 et seq.		 Select "Previous" to navigate to the previous form step
Verify & Submit	Swe & Upload Upload Files Or drop files		 Select "Next" to navigate to the next form step
Case Summary	No files to download		
Request #: 202110-03680127	< Previous Next >		
Form Type: PRA	в		
Status: Draft			
ed an accommodation for a di	isability in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@d	eh.ca.gov.	



3.10.7 Step 7: Verify & Submit

		iglisn
CCDC	California Civil Rights System	
CCRS	Department of Fair Employment and Housing	
Home Start a New Form	Resume a Form View Cases View Record Requests	
Get Started	Verify & Submit	
Request Details Upload Files Verify & Submit	From here you can generate a printout of all the information you have entered thus far by clicking the VIEW/PRINT INTAKE button above. This is not necessary and is intended only to facilitate review of the information you provided prior to submission. YOU HAVE NOT YET SUBMITTED YOUR PUBLIC RECORDS REQUEST. Click SUBMIT below to proceed to finalize your PRA request.	Ŕ
Case Summary	CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING	-
Request #: 202110-03680127	Public Records Request	
Form Type:	This document is not your proof of submission.	
PRA	Complete and submit the online form within 30 days to initiate the PRA process. Unsubmitted forms are removed after 30 days from the CCRS website.	
Status: Draft	Request Number: 202110-03680127	
	REQUESTOR INFORMATION Name: Bob Roberts	
	Address: 123 A Street	
	City/State/Zip: Sacramento, CA 95835	
	Telephone:	
need an accommodation for a disa	bility in order to complete a form, call 844-541-2877 (voice), 800-700-2320 (TTY) or California's Relay Service at 711. Or you can email us at accommodations@	dfeh.ca.gov





• Select "Printable View" for a printerfriendly version of the form



Specify Documents: Document		
Delivery Preference: Email - Free		• Select "Submit" to complete the
Type of Requestor: 3rd Party request – Not directly affiliated to the case		form
Following is a list of uploaded document(s)		 If you are not ready to submit you form, you can come back and finis
Document Name	Update Date/Time	- it within 30 days of starting it
Big Data File	10/27/2021 17:0	it within 50 days of starting it
NOT A LEGALLY BINDING DOCUMENT. This document does not constitute p By submitting this form you are declaring under penalty of perjury, under the l information contained in this Public Records Request is true and correct, excep those matters you believe to be true.	aws of the State of California, that to the best of your knowledge all	 Select "Previous" to navigate to the previous form step
B < Prev	ious	



3.11 Rescheduling an Intake Appointment

	of Fair Employment and Housing		
elcome Bob Roberts, what	would you like to do today?		
Start a New Form	Resume a Form	View Submitted Cases	View Submitted Records Requests
Ē		la	Id ا
Start a new Intake Form, Right-to-Sue request, or Public Records request	e Continue working on a form you started but not yet submittee		
pcoming Intake Appointments			
ase Number	Case Name	Appointment Date T	ime Slot Actions
	Roberts / No Primary Respondent	Friday, November 12, 2021 9	AM-10AM View/Edit Reschedule
02110-14605527			



• When logged in (see section <u>3.2</u> <u>Logging Into CCRS</u>), view your appointments in the "Upcoming Intake Appointments" section



- Select "Reschedule" to reschedule your appointment
- This will bring you to your original intake form

Note: You will not be able to reschedule an intake appointment if it is within the next 24 hours. If you still need to reschedule, contact DFEH at contact.center@dfeh.ca.gov or call (800) 884-1684 for assistance.



CCRS	California Civil Rights System Bob Roberts 👻
CCHO	Department of Fair Employment and Housing
ome Start a New Form	Resume a Form View Cases View Record Requests
Get Started	Get Started
Related Parties Complaint Details Upload Files	Appointment Information You currently have an appointment scheduled on Friday, November 12, 2021 during the 9AM-10AM hour.
Appointment Demographics Verify & Submit	It is important that you read these instructions completely before you start the intake form. Submitting an intake form does not constitute the filing of a complaint. By submitting this form, you are asking the Department of Fair Employment and Housing (DFEH) to review the information you provide for possible filing and investigation of a DFEH complaint. After the completion and submission of this intake form you will be scheduled for an intake interview with a DFEH representative. The DFEH representative will determine if a complaint can be accepted for investigation. Your submission of this document acknowledges that you have read and agree to the <u>DFEH's Privacy Policy</u>
Case Summary Case #: 202110-14605527	To complete the intake form you must provide information about the facts of your complaint including the person(s), business(es) or landlord that caused you harm. As you complete each section of the form your progress will be saved. If you are unable to complete the entire form now you can return to change or complete the form within 30 days of starting it. If you do not submit the Intake Form within 30 days of first starting it, the information you provided will be deleted. YOU MUST COMPLETE AND SUBMIT THE FORM FOR THE DFEH TO REVIEW IT.
Case Name: Roberts / No Primary Respondent Form Type:	Further details on the complaint process. Please call the DFEH at 800-884-1684 (voice), 800-700-2320 (TTY) or California's Relay Service at 711 if you are not sure if this is the correct Intake Form for your case, or for any other questions.
E mployment Status: New	Do you require special accommodation when interacting with DFEH?
	Do you require a language interpreter when interacting with DFEH?



• Use the Navigation Panel to view the appointment screen by selecting "Appointment"

Of IAM CM	LOYMINIS
Lart or o	au a cometo

CCRS	California Civil Rights System			Bob Roberts 👻	 Click the "Reschedule"
CLU	Department of Fair Employment and Housing				
ome Start a New Form	Resume a Form View Cases View Record R	Requests			
Get Started	Appointment				
Related Parties					
Complaint Details	Appointment Information	on			
Upload Files	You currently have an appointment scheduled	d on Friday, November 12, 2021 during the 9AM-	10AM hour.		
Appointment					
Demographics	* Phone Number to Contact	* Phone Type		\mathbf{x}	
Verify & Submit	(123) 456-7890 You currently have an appointment sci	Home heduled on Friday, November 12, 2021 during th	▼ e 9AM-10AM hour.		
Case Summary		A Reschedule			
Case #: 202110-14605527		< Previous Next >			
Case Name: Roberts / No Primary Respondent					
orm Type: Employment					
Status:					



CCRS	Department of Fair Employme	nt and Housing					
Iome Start a New Form I	Resume a Form View Ca	ses View Record Rec	quests				
Get Started	Appointm	ent					
Related Parties	Appointin						
Complaint Details	Appointmen	t Informatio	n				
Upload Files	You currently have an ap	ppointment scheduled o	n Friday, November 12, 3	2021 during the 9AM-1	DAM hour.		
Appointment							
Demographics	* Phone Number to Co	ontact	* Phone T	уре			
Verify & Submit	(123) 456-7890	(123) 456-7890 Home			Ψ		
	Select a date and time f						
Case Summary	Monday Nov 15 2021	Tuesday Nov 16 2021	Wednesday Nov 17 2021	Thursday Nov 18 2021	Friday Nov 19 2021		
Case #:	8AM-9AM	8AM-9AM	8AM-9AM	8AM-9AM	MARHMARS		
202110-14605527	A 9AM-10AM	9AM-10AM	9AM-10AM	9AM-10AM	9AM-10AM		
Case Name: Roberts / No Primary	10AM-11AM	10AM-11AM	10ATM-STAM	10ATM-ATAM	10AIM-HIAM		
Respondent Form Type:	11AM-12PM	11AM-12PM	11AM-12PM	11AM-12PM	11AM-#2PM		
Employment	12BM-42PM	12BM-4BM	12BM-4BM	12EM-CEM	12BM-42M		
Status: New	1PM-2PM	1PM-2PM	1PM-2PM	1PM-2PM	TEIMHERM		
	2PtM-SPIM	ZEINHASEM	ZEINHISEM	ZEINISEM	2PtM-SPM		
	3PM-4PM	3PM-4PM	3PM-4PM	3PM-4PM	3Ptd-4PM		
	4PIM-SRM	APIN-SEM	4PIM-SPIM	4PIM-SPIM	4PDA-SPM		
	5EM-GEM	5PIM-BEM	5PM-BPM	5PIN-BRIM	5PIM-6PIM		

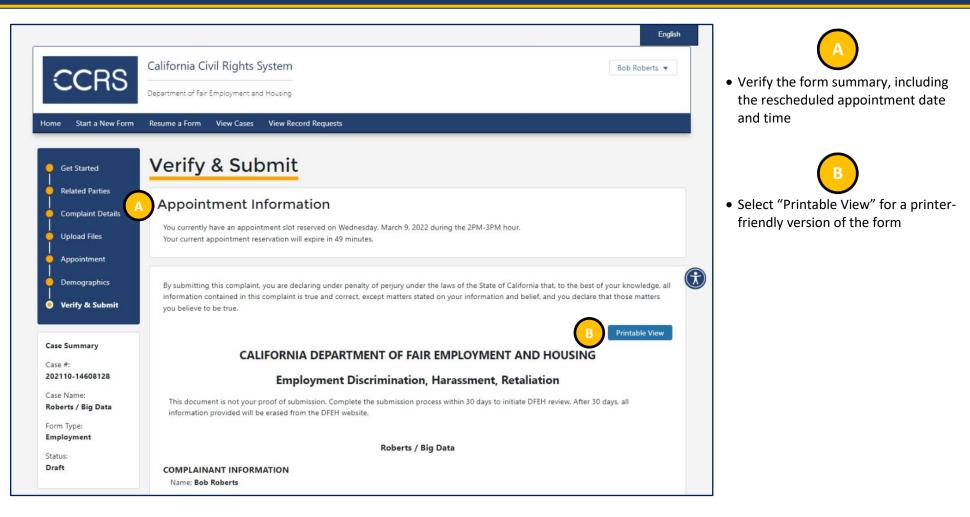


• Select a date and time you would like to use to reschedule your appointment. Appointments with an X are not available.



- Click "Next Week" to navigate the calendar to view more available times if you do not see a time that works for you
- Once you have selected an intake appointment it is reserved for 60 minutes until you re-submit your form







RESPONDENT AND CO-RESPONDENT(c)	
Name Addi		
Big Data 1234 Main Str Sacramento, C		 Select "Submit" to save your changes and complete the form
DATES OF HARM		 If you are not ready to submit your
First Date of Harm: 10/1/2021		form, you can come back and finish
Most Recent Date of Harm: 10/26/2021		it within 30 days of starting it.
Is the harm continuing?: Yes		
I ALLEGE THAT I EXPERIENCED DISCRI	MINATION:	
Because of my actual or perceived:	Age (40 and over) Other	• Coloct "Drovieve" to noviento to the
As a result I was:	Asked impermissible non-job-related questions	 Select "Previous" to navigate to the previous form step
	Other	previous form step
I ALLEGE THAT I EXPERIENCED HARAS	SMENT:	
Because of my actual or perceived:	Age (40 and over) Other	
I ALLEGE THAT I EXPERIENCED RETALI	ATION:	
Because I:	Participated as a witness in a discrimination or harassment complaint	
As a result I was:	Other	
Briefly describe what you believe to be	the reason(s) for the discrimination, harassment, or retaliation. (Optional)	
Do you need special acommodations? No		—
Do you need a language Interpreter? No		
Appointment		
Contact phone number: (916) 555-1234		
Appointment date: 3/9/2022		
Appointment hour: 2PM-3PM		
Appointment status: New		
NOT A LEGALLY BINDING DOCUMENT. This (information, please visit www.dfeh.ca.gov or	document does not constitute proof of filing of a Employment form with the DFEH. For additional contact the DFEH at 800-884-1684.	
Submit		
	B C Previous	



3.12 Withdrawing an Intake Form

	California	Livil Rights System		Bob Roberts 👻	English	When logged in (see section <u>3.</u>
Welcome Bob Roberts, what would you like to do today? Star a New Form Resume a form We submitted Case Request, or Public Records request Ontime working on a form you have started but not yet submitted Verw submitted, open, and closed request; or Public Records request Upcoming Intake Appointments 20 Case Number Case Name Appointment Date Time Slot Actions 20:110:14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM Vew/Edit	CCRS					Logging Into CCRS), click "View
Surt a New Form Surt a New Form Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2" Colspan="2">Image: Colspan="2" Colspan="						Submitted Cases
Image: Construct of Public Records request Image: Construct of Public Records request<	Welcome Bob Roberts, what wo	ould you like to do today?	~			
Start a new Intake Form, Right-to-Sue request Continue working on a form you have started but not yet submitted View submitted, open, and closed closed closed records requests View your open and closed records requests Vpcoming Intake Appointments 20 - - - - 20 Case Number Case Name Appointment Date Time Slot Actions 202110-14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM View/Edit Reschedule	Start a New Form	Resume a Form	A View Submitted Cases	View Submitted Records Requests		
request, or Public Records request started but not yet submitted case records (including Right-to-Sue requests) requests Upcoming Intake Appointments	E		D a	1 d		
Upcoming Intake Appointments 20 • Case Name Appointment Date Time Slot Actions 202110-14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM View/Edit Reschedule			case records (including Right-to-Sue			
20 Image: Case Name Appointment Date Time Slot Actions 202110-14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM View/Edit Reschedule						
20 Image: Case Name Appointment Date Time Slot Actions 202110-14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM View/Edit Reschedule						
Case Number Case Name Appointment Date Time Slot Actions 202110-14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM View/Edit Reschedule						
202110-14605527 Roberts / No Primary Respondent Friday, November 12, 2021 9AM-10AM View/Edit Reschedule						
	Case Number C	ase Name Appoi	ntment Date Time Slot	Actions		
First Previous 1 of 1 Next Last	202110-14605527 Rd	oberts / No Primary Respondent Friday,	November 12, 2021 9AM-10AN	View/Edit Reschedule		
		First Previous	of 1 Next Last			



	~~~	California Ci	ivil Rights Sys	tem			Bob Robert	5 💌
	CRS	Department of Fair	Employment and He	ousing				
Home S	Start a New Form	Resume a Form	View Cases V	iew Record Requests				
Show		Sort By				Search		
20 •	•	Submit Date (N	ew - Old)			Q		
202110-14	1605527 - Roberts	/ No Primary Resp	ondent					
Form Type	e En	nployment	Submit Date	10/27/21				
Case Numl Status	ber 20 Ne	2110-14605527	Filed Date Closed Date					
Assigned S		nding	Closed Date					
	👺 View Form		Print Summa	ny 💼 Withdraw	Α			
					1 of 1 Next			



- The Case Number and Case Name appear at the top of the card. You can also view the Status, Assigned Staff, Date Submitted, Date Filed, and Date Closed information for your case depending upon where it is in the process. For example, the Date Closed field will not display if your case not been closed.
- Find the open case that you wish to withdraw and click the "Withdraw" button
- If the withdraw button does not display for the case you wish to withdraw, you will need to discuss your request with the assigned investigator.



• You can sort or search for a case if you have many listed



l like to withdraw

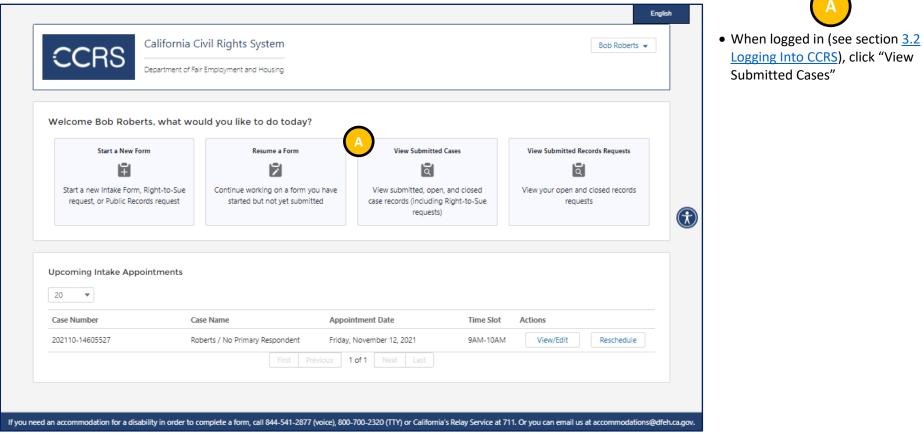
Department of Fair Emp			Select a Withdraw	Reason
how Sort By	Search Withdraw Case - 202110-14605527	× Refine f	• Select "Yes I would	) d like to withdray
202110-14605527 - Roi Form Type Case Number Status Assigned Staff B Yes I would like to with		•	<ul> <li>Remember, DFEH its investigation if withdraw your case</li> </ul>	will discontinue you choose to
📽 View Fc		Close	If you no longer was select "No I decline	



Logging Into CCRS), click "View

Submitted Cases"

#### 3.13 Viewing an Issued Immediate Right-to-Sue





	Civil Rights System Fair Employment and Housing m View Cases View Record Requests		English Bob Roberts 👻	<ul> <li>All cases display</li> <li>Find the right-to-sue that you need the documents for</li> </ul>
Show 20 The source of the second seco	:(New - Oid) Submit Date 10/26/21 Filed Date 10/26/21 Closed Date 10/26/21	Search	▼ Refine filter	<ul> <li>You can sort or search for a case if you have many listed</li> </ul>
		Next Last D (TTY) or California's Relay Service at 711. Or you c	an email us at accommodations@dfeh.ca.gov.	<ul> <li>Click Print Summary to view your completed Right-To-Sue Form</li> </ul>



CCRS	California Civil Rights System Bob Roberts 💌		<ul> <li>Use the Navigation Panel to</li> </ul>
CCNO	Department of Fair Employment and Housing		navigate your Right to Sue
Home Start a New Form	Resume a Form View Cases View Record Requests		
• Get Started	Get Started		
Related Parties	It is important that you read these instructions completely before you start the intake form.		
Complaint Details	A Right to Sue notice issued by the DFEH allows you to bring civil action against the employer and/or person that you are filing against. You must file your		
Upload Files	case in court within one year from the date of the notice. Once DFEH issues a Right to Sue notice, the department will not investigate the complaint and will not serve any documents to the person you are filing against. If you want the DFEH to review the information you provide for possible filing and		
Demographics	investigation of a DFEH complaint, you should not obtain a Right to Sue notice. Instead go back and follow the instructions for filing a complaint.	(Ť)	
Verify & Submit	Further details on the complaint process.		
Verily et Subinit	To complete the intake form you must provide information about the facts of your complaint including the person(s) and or business(es) that caused you harm. As you complete each section of the form your progress will be saved. If you are unable to complete the entire form now, you can return to change		
Case Summary	or complete the form within 30 day of starting it. If you do not submit the intake form within 30 days of first starting it, the information you provided will be deleted. YOU MUST COMPLETE AND SUBMIT THE FORM TO OBTAIN YOUR RIGHT TO SUE.		
Case #:	After you submit the form, we will email you a Right to Sue notice with the information you provided. If you would like to view your submission in CCRS, it		
202110-14606227	will be listed under 'View Cases' in your CCRS account. If you need to amend your Right to Sue notice, find the form under 'View Cases' and click on the		
Case Name:	'View Form' button. Make the necessary changes to the form and re-submit it. The new amended notice will be emailed to you and will also be saved to your account.		
Roberts / Big Data	If you have any questions, contact the DFEH at contact.center@dfeh.ca.gov or by phone at 800-884-1684 (voice), 800-700-2320 (TTY) or California's Relay		
Form Type:			



### Appendix A: Release Notes

### Release 1.0

The initial version of the CCRS application was deployed November 29, 2017.

### Release 2.0

The following changes have been made in Release 2.0:

Artifact	Section / Page	Change
User Guide	N/A	New for Release 2.0.
CCRS	N/A	Updated with improved user flow and additional accessibility features.