Instructions
To add and/or delete user access, complete all applicable fields and submit this form to the California Department of Human Resources, Office of Civil Rights, at DCTS@calhr.ca.gov. A signed Security Agreement must accompany each user access request. Departments are required to immediately submit this form to deactivate users who vacate their designated Equal Employment Opportunity role and/or position. Note: EEO Officer user access requests are certified by department Directors.

New User Access Request

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User Type Requested:  
- ☐ EEO Officer  
- ☐ EEO Investigator  
- ☐ EEO Manager  
- ☐ Other

If EEO Investigator, EEO Manager, or Other - Reports directly to the EEO Officer?  
- ☐ Yes  
- ☐ No

If Other, enter justification for access request

DCTS User Types

EEO Officer- By statute, oversees the department EEO program and must be at a minimum level of Staff Services Manager. The primary DCTS user who will open new cases and may view, enter and edit all case information for their department. CalHR’s primary contact for all DCTS activity. Verifies claim information is properly entered and finalizes case closure. For small departments with only one staff member serving as the EEO Officer, this will be the user type designated.

EEO Investigator- Assigned to investigate complaints. Able to view, enter, and edit specific cases as assigned. Must submit the case to the EEO Officer for case closure.

EEO Manager- Reports to the EEO Officer. May investigate and/or supervise employees who investigate discrimination and harassment complaints. Assigned the same user rights as the EEO Officer. May open new cases, and view, enter and edit all case information for their department. EEO Officer may reassign case closure approval to the EEO Manager on a case-by-case basis.

User Deactivation Request

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Reason for user deactivation

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(rev 08/2019)
The DCTS is California’s system of record to track and monitor state department discrimination and harassment complaint activities. This form ensures that the DCTS is used only by appropriate personnel and that use is in accordance with state laws. **Access is individual to employees, may not be shared, and must be granted by the CalHR Office of Civil Rights.**

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**Employee Signature**

**Date**

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**EEO Officer* Certification:**

I certify that the above named employee is assigned duties requiring DCTS access and meets user access criteria. I have reviewed the DCTS Security Guidelines with my employee.

*Department Director for EEO Officer user access requests.

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**Privacy Statement**

**Privacy Notice on Information Collection**

This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Office of Civil Rights (OCR), is requesting the information specified on this Discrimination Complaint Tracking System Access Request form. The information is collected pursuant to security access authority and protection of information, data, and systems of the State of California mandated by Government Code sections 19790, 11019.9, 11549, State Administrative Manual 5300, and Penal Code section 502.

The information you provide will be used to determine eligibility for authorizing access to confidential data contained in the Discrimination Complaint Tracking System (DCTS). The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to authorize your access to the DCTS system.

**Department Privacy Policy**

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy (http://www.calhr.ca.gov/pages/privacy-policy.aspx) located on our website.

**Access to Your Information**

You have a right to access records containing your personal information. To request access, contact:

DCTS System Administrator
1515 S Street, 400N
Sacramento, CA 95811
916-324-0970

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**OCR Use Only:**

☐ Access Granted  ☐ Access Denied

**Reason for Denial:**

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**OCR Name**

**Signature**

**Date Access Granted or Denied**