

### **How to file a petition for discrimination (Labor Code section 132a)**

This petition may be filed if your employer fired you or discriminated against you for filing a workers' compensation claim. This is called a Labor Code 132a petition.

Please note this petition must be filed within one year of the discriminatory act or date you were fired.

A 132a petition can only be filed if you have a pending Workers' Compensation Appeals Board (WCAB) case. To open a WCAB case, you must file an application for adjudication of claim (see I&A guide 4). When you are ready to have a WCAB hearing, you must also file a declaration of readiness to proceed (see I&A guide 5).

Employer discrimination can be very difficult to prove. Because of the technical nature of this petition, you may need legal advice.

A blank form you can use to write out your petition is attached. Also attached is a sample that may be used as a guide.

Send the original to your local WCAB office and copies to all the parties.

Submit the following documents with your form filing in the order shown:

- ✓ [Document Cover Sheet](#)
- ✓ [Document Separator Sheet](#) (for Petition for Discrimination Labor Code 132a)
- ✓ [Petition for Discrimination \(Labor Code 132a\)](#)
- ✓ [Verification](#)
- ✓ [Document Separator Sheet](#) (for Proof of Service By Mail)
- ✓ [Proof of Service By Mail](#)

Keep copies of your filings for your records.

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. In addition all forms must be typed or handwritten in block letters to insure legibility. Additional form instructions can be found on the EAMS OCR handbook at [https://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](https://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

## Information & Assistance Unit guide 7

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dwc.ca.gov](http://www.dwc.ca.gov).

If you do not have the name and address of your insurance company to complete a form, please link to <https://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

## WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

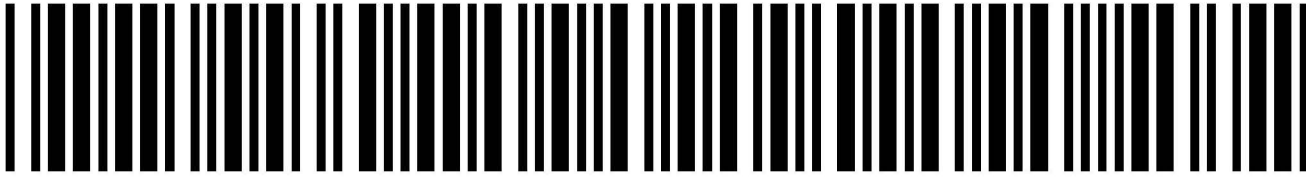
- **ANAHEIM, 92806-2131**  
1065 North Link, Suite 170  
Information & Assistance Unit **(714) 414-1801**
- **BAKERSFIELD, 93301-1929**  
1800 30th Street, Suite 100  
Information & Assistance Unit **(661) 395-2514**
- **FRESNO, 93721-2219**  
2550 Mariposa Street, Suite 4078  
Information & Assistance Unit **(559) 445-5355**
- **LODI, 95240-6936**  
3021 Reynolds Ranch Parkway, Suite 130  
Information & Assistance Unit **(209) 948-7759**
- **LONG BEACH, 90810-1870**  
1500 Hughes Way, Suite C203  
Information & Assistance Unit **(424) 450-2565**
- **LOS ANGELES, 90013-1105**  
320 W 4th Street, 9th Floor  
Information & Assistance Unit **(213) 576-7389**
- **MARINA DEL REY, 90292-6902**  
4720 Lincoln Boulevard, 2nd and 3rd Floors  
Information & Assistance Unit **(310) 482-3820**
- **OAKLAND, 94612-1499**  
1515 Clay Street, 6th Floor  
Information & Assistance Unit **(510) 622-2861**
- **OXNARD, 93030-7912**  
1901 N Rice Avenue, Suite 100  
Information & Assistance Unit **(805) 485-3528**
- **POMONA, 91768-1653**  
732 Corporate Center Drive  
Information & Assistance Unit **(909) 623-8568**
- **REDDING, 96002-0940**  
250 Hemsted Drive, 2nd Floor, Suite B  
Information & Assistance Unit **(530) 225-2047**
- **RIVERSIDE, 92501-3337**  
3737 Main Street, Suite 300  
Information & Assistance Unit **(951) 782-4347**
- **SACRAMENTO, 95834-2962**  
160 Promenade Circle, Suite 300  
Information & Assistance Unit **(916) 928-3158**
- **SALINAS, 93906-2204**  
1880 N Main Street, Suites 100 & 200  
Information & Assistance Unit **(831) 443-3058**
- **SAN BERNARDINO, 92401-1411**  
464 W Fourth Street, Suite 239  
Information & Assistance Unit **(909) 383-4522**
- **SAN DIEGO, 92108-4424**  
7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit **(619) 767-2082**
- **SAN FRANCISCO, 94102-7014**  
455 Golden Gate Avenue, 2nd Floor  
Information & Assistance Unit **(415) 703-5020**
- **SAN JOSE, 95110-3718**  
224 Airport Parkway, Suite 600  
Information & Assistance Unit **(408) 277-1292**
- **SAN LUIS OBISPO, 93401-8736**  
4740 Allene Way, Suite 100  
Information & Assistance Unit **(805) 596-4159**
- **SANTA ANA, 92707-7704**  
2 MacArthur Place, Suite 600  
Information & Assistance Unit **(714) 942-7576**
- **SANTA BARBARA, 93101-7538**  
130 E Ortega Street  
Information & Assistance Unit **(805) 568-1390**
- **SANTA ROSA, 95404-4771**  
50 "D" Street, Suite 420  
Information & Assistance Unit **(707) 576-2452**
- **VAN NUYS, 91401-3370**  
6150 Van Nuys Boulevard, Suite 105  
Information & Assistance Unit **(818) 901-5374**



STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

**SAMPLE**

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

**TODAY'S DATE**

Date:(MM/DD/YYYY)

SSN:

**YOUR SOCIAL  
SECURITY NUMBER**

**EAMS CASE NUMBER**

Case Number 1

☐ Specific Injury

**DATE OF INJURY**

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

**IF NEW CASE  
LEAVE BLANK**

Body Part 1:

**USE CODE FROM  
BODY PART CODE LIST --  
SEE PAGE 8**

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

**WHEN MORE THAN 5 BODY PARTS USE BODY  
PART NUMBER 700 IN THIS FIELD**

**Please check unit to be filed on ( check only one box )**

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ SAU ☐ INT ☐ RSU

**Companion Cases**

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:



## District office codes for place of venue

| Legend Abbreviation | Office          |
|---------------------|-----------------|
| AHM                 | Anaheim         |
| ANA                 | Santa Ana       |
| BAK                 | Bakersfield     |
| FRE                 | Fresno          |
| LAO                 | Los Angeles     |
| LBO                 | Long Beach      |
| LOD                 | Lodi            |
| MDR                 | Marina del Rey  |
| OAK                 | Oakland         |
| OXN                 | Oxnard          |
| POM                 | Pomona          |
| RDG                 | Redding         |
| RIV                 | Riverside       |
| SAC                 | Sacramento      |
| SAL                 | Salinas         |
| SBA                 | Santa Barbara   |
| SBR                 | San Bernardino  |
| SDO                 | San Diego       |
| SFO                 | San Francisco   |
| SJO                 | San Jose        |
| SLO                 | San Luis Obispo |
| SRO                 | Santa Rosa      |
| VNO                 | Van Nuys        |

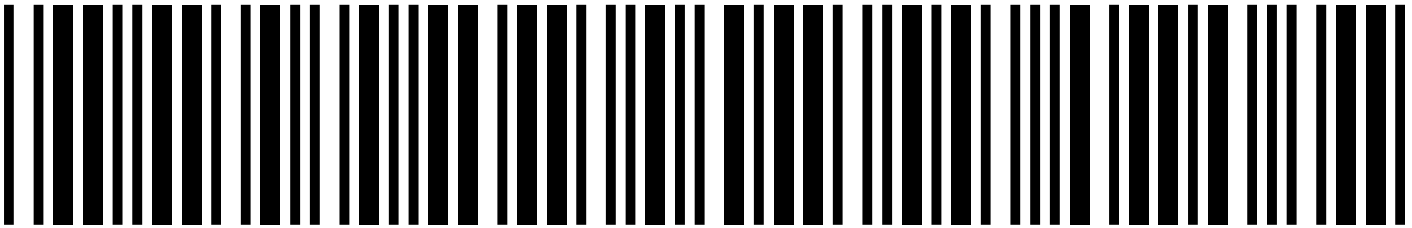
**Use this document to complete forms,  
but do not file this document with your forms.**

## BODY PART CODES LIST

| Code Number | Description   |
|-------------|---|
| 100         | Head - not specified  |
| 110         | Brain   |
| 120         | Ear - not specified   |
| 121         | Ear - external  |
| 124         | Ear - internal including hearing                                      |
| 130         | Eye - including optic nerves and vision                               |
| 140         | Face - not specified  |
| 141         | Jaw - including chin and mandible                                     |
| 144         | Mouth - including lips, tongue, throat and taste                      |
| 145         | Teeth   |
| 146         | Nose - including nasal passages, sinus and smell                      |
| 148         | Face - multiple parts any combination of above parts                  |
| 149         | Face - forehead, cheeks, eyelids                                      |
| 150         | Scalp   |
| 160         | Skull   |
| 198         | Head - multiple injury any combination of above parts                 |
| 200         | Neck  |
| 300         | Upper extremities - not specified                                     |
| 310         | Arm - above wrist not specified                                       |
| 311         | Arm - upper arm humerus   |
| 313         | Arm - elbow head of radius  |
| 315         | Arm - forearm radius and ulna   |
| 318         | Arm - multiple parts any combination of above parts                   |
| 319         | Arm - not specified   |
| 320         | Wrist   |
| 330         | Hand - not wrist or fingers   |
| 340         | Fingers   |
| 398         | Upper extremities - multiple parts any combination of above parts     |
| 400         | Trunk - not specified   |
| 410         | Abdomen - including internal organs and groin                         |
| 411         | Hernia  |
| 420         | Back - including back muscles, spine and spinal cord                  |
| 430         | Chest - including ribs, breast bone and internal organs of the chest  |
| 440         | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks |
| 450         | Shoulders - scapula and clavicle                                      |
| 498         | Trunk - use for side; multiple parts any combination of above parts   |

| Code Number | Description   |
|-------------|---|
| 500         | Lower extremities - not specified   |
| 510         | Legs - above ankles, not specified  |
| 511         | Thigh femur   |
| 513         | Knee Patella  |
| 515         | Lower leg tibia and fibula  |
| 518         | Leg - multiple parts any combination of above parts   |
| 519         | Leg - not specified   |
| 520         | Ankle malleolus   |
| 530         | Foot not ankle or toe   |
| 540         | Toes  |
| 598         | Lower extremities - multiple parts any combination of above parts                             |
| 700         | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 800         | Body system - not specific  |
| 801         | Circulatory system - heart - other than heart attack, blood, arteries, veins, etc.            |
| 802         | Circulatory system - Heart attack   |
| 810         | Digestive system - stomach  |
| 820         | Excretory system - kidneys, bladder, intestines, etc.   |
| 830         | Musculo-skeletal system - bones, joints, tendons, muscles, etc.                               |
| 840         | Nervous system - not specified  |
| 841         | Nervous system - Stress   |
| 842         | Nervous system - Psychiatric/psych  |
| 850         | Respiratory system - lungs, trachea, etc.   |
| 860         | Skin dermatitis, etc.   |
| 870         | Reproductive systems  |
| 880         | Other body systems  |
| 900         | COVID-19  |
| 999         | Unclassified - insufficient information to identify body parts                                |

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

132a

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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## Office Use Only

Received Date

MM/DD/YYYY



**Sample**

NAME: *your name*  
STREET: *your address*  
CITY, STATE, ZIP CODE:  
TELEPHONE #: *your telephone number*

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

|                      |             |                                 |
|----------------------|-------------|---------------------------------|
| <i>your name</i>     |             | WCAB#: <i>EAMS/WCAB</i>         |
|                      | Applicant,  | PETITION FOR DISCRIMINATION     |
| vs.                  |             | BENEFITS PURSUANT TO LABOR CODE |
| <i>your employer</i> | Defendants. | SECTION 132a                    |

*Explain in your own words why you feel you are entitled to these benefits*

\_\_\_\_\_  
*your signature*

\_\_\_\_\_  
*date mailed*

## VERIFICATION

### STATE OF CALIFORNIA

County of your county

I, the undersigned, say that I am your name, a party to this action. I have read the foregoing **Application for Discrimination Benefits Pursuant to Labor Code Section 132a** and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

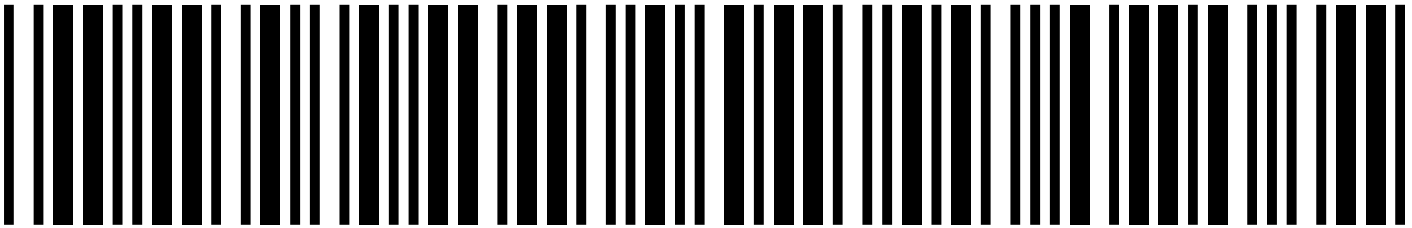
I declare under penalty of perjury that the foregoing is true and correct.

Executed on date mailed, at your city, California.

your signature

Petitioner

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

PROOF OF SERVICE

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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## Office Use Only

Received Date

MM/DD/YYYY

***SAMPLE***

Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of YOUR COUNTY, California.

I am over the age of eighteen years, my (business / residence) address is:

PUT YOUR HOME ADDRESS HERE

On TODAY'S DATE, I served the attached NAME OF DOCUMENT  
on the parties listed below in said case, by placing a true copy thereof enclosed in  
a sealed envelope with postage thereon fully paid, in the United State mail at  
CITY WHERE YOU MAILED THIS addressed as follows:

- 1) WORKERS' COMPENSATION APPEALS BOARD: ADDRESS
- 2) INSURANCE COMPANY: NAME, ADDRESS AND CLAIM NUMBER
- 3) DEFENSE ATTORNEY (IF KNOWN): NAME AND ADDRESS
- 4) ALL OTHER PARTIES INVOLVED IN YOUR CASE: NAME AND ADDRESS

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) TODAY'S DATE, at CITY, California.

Type or print name PRINT YOUR NAME

Signature SIGN YOUR NAME