

# CALIFORNIA CIVIL RIGHTS DEPARTMENT

## Employment Discrimination, Harassment, Retaliation

This document is not your proof of submission. Complete the submission process within 30 days to initiate CRD review. After 30 days, all information provided will be erased from the CRD website.

**Hernandez Marquez / Flying Food Group et al.**

### COMPLAINANT INFORMATION

Name: **Patricia Hernandez Marquez**  
 Address: **4429 W. 137th Street, Apt. E**  
 City/State/Zip: **Hawthorne, CA 90250**  
 Telephone:  
 Mobile (213) 779-3603  
 Email: **patriciahernandez2055@gmail.com**

### COMPLAINANT DEMOGRAPHIC INFORMATION

THIS INFORMATION IS OPTIONAL AND IS ONLY USED FOR STATISTICAL PURPOSES

Ethnicity: **Hispanic or Latino**  
 Gender: **Female**  
 Language: **Spanish**

### COMPLAINANT'S REPRESENTATIVE

Name: **Jennifer Reisch**  
 Address: **c/o UCI Law Workers Law & Organizing Clinic, P.O. Box 5479**  
 City/State/Zip: **Irvine, CA 92616-5479**  
 Telephone: **(510) 686-3082**  
 Mobile **(510) 332-4659**  
 Email: **jennifer@jenniferreischlaw.com**

### RESPONDENT AND CO-RESPONDENT(S)

Name	Address	Telephone	Mobile	Email
Flying Food Group	901 Hillcrest Blvd. Inglewood, CA 90301	(310) 670-3944		cviveros@flyingfood.com
Real Time Staffing Services, LLC dba Select Staffing (by Employbridge)	2441 W. 205th St Suite C204 Torrance, CA 90501	(213) 408-0262		

### DATES OF HARM

First Date of Harm: **10/27/2023**  
 Most Recent Date of Harm: **5/10/2024**  
 Is the harm continuing?: **No**

### I ALLEGE THAT I EXPERIENCED DISCRIMINATION:

**Because of my actual or perceived:**

Sex/Gender  
 Sexual harassment- hostile environment  
 Sexual harassment- Quid Pro Quo

**As a result I was:**

Forced to quit  
 Denied work opportunities or assignments  
 Given additional work responsibilities or assignments

### I ALLEGE THAT I EXPERIENCED HARASSMENT:

**Because of my actual or perceived:**

Sex/Gender  
 Sexual harassment- hostile environment  
 Sexual harassment- Quid Pro Quo  
 Sexual Harassment

### I ALLEGE THAT I EXPERIENCED RETALIATION:

**Because I:**

Reported or resisted any form of discrimination or harassment

**As a result I was:**

Forced to quit  
Denied any employment benefit or privilege  
Denied work opportunities or assignments  
Given additional work responsibilities or assignments

English

**Briefly describe what you believe to be the reason(s) for the discrimination, harassment, or retaliation. (Optional)**

See attached Narrative.

**Following is a list of uploaded document(s)**

Document Name	Update Date/Time
2025.01.16 Patricia Hernandez Marquez CRD Narrative	1/16/2025 13:44 PM
Do you need special accommodations? No	
Do you need a language Interpreter? Yes; Spanish	

**Appointment**

Contact phone number: (510) 686-3082  
Appointment date: 4/9/2025  
Appointment hour: 2PM-3PM  
Appointment status: New

NOT A LEGALLY BINDING DOCUMENT. This document does not constitute proof of filing of an Employment form with the CRD. For additional information, please visit [calcivilrights.ca.gov](http://calcivilrights.ca.gov) or contact the CRD at 800-884-1684.