

COMPLAINT OF DISCRIMINATORY TREATMENT

TO: DEPARTMENT OF PUBLIC SOCIAL SERVICES
CIVIL RIGHTS SECTION
12860 CROSSROADS PARKWAY SOUTH
CITY OF INDUSTRY, CALIFORNIA 91746

CASE NAME: _____

CASE NUMBER: _____

I, _____, hereby file this complaint of discriminatory treatment
(Please print your name) and request that an investigation be conducted.

I believe I was discriminated against because of my:

- | | | |
|--|---|--|
| <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> GENDER IDENTITY | <input type="checkbox"/> RELIGION |
| <input type="checkbox"/> COLOR | <input type="checkbox"/> GENDER EXPRESSION | <input type="checkbox"/> POLITICAL AFFILIATION |
| <input type="checkbox"/> RACE | <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> DISABILITY |
| <input type="checkbox"/> ANCESTRY | <input type="checkbox"/> MARITAL STATUS | <input type="checkbox"/> ANY OTHER APPLICABLE BASIS: |
| <input type="checkbox"/> ETHNIC GROUP | <input type="checkbox"/> DOMESTIC PARTNERSHIP | _____ |
| <input type="checkbox"/> AGE | <input type="checkbox"/> MEDICAL CONDITION | |
| <input type="checkbox"/> SEX | <input type="checkbox"/> GENETIC INFORMATION | |

DATE OF OCCURRENCE: _____

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME:

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS:

I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN:

_____ **CONSENT GRANTED** – By initialing this option, I am authorizing the Department of Public Social Services, Civil Rights Section (CRS) to reveal my identity and other personal information to persons at the organization or institution under investigation and to other Federal and State agencies in accordance with applicable federal and state laws and regulations. I hereby authorize CRS to receive material and information including, but not limited to applications, case files, personal records, and medical records. The material and information shall be used for authorized civil rights compliance and enforcement activities. I understand that I am not required to authorize this release and I do so voluntarily.

_____ **CONSENT DENIED** – I do not give my consent for the release of my name or other personally identifying information. I understand that this complaint may not be investigated as a result of my refusal to give my consent for the release of information.

(SIGNATURE) (DATE) ADDRESS: _____

PA – 607 (REVISED 12/19) TELEPHONE: _____