

**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 and request that an investigation be conducted.  
(Please print your name)

**I believe I was discriminated against because of my:**

- |                                                |                                             |                                                      |
|------------------------------------------------|---------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> RACE                  | <input type="checkbox"/> DISABILITY         | <input type="checkbox"/> ETHNIC GROUP IDENTIFICATION |
| <input type="checkbox"/> NATIONAL ORIGIN       | <input type="checkbox"/> RELIGION           | <input type="checkbox"/> SEX                         |
| <input type="checkbox"/> MARITAL STATUS        | <input type="checkbox"/> AGE                | <input type="checkbox"/> COLOR                       |
| <input type="checkbox"/> POLITICAL AFFILIATION | <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> DOMESTIC PARTNERSHIP        |

**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:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Initial on the line above if you give consent.  
**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.

\_\_\_\_\_  
Initial on the line above if you do not give consent.  
**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 06/11) TELEPHONE: \_\_\_\_\_