COMPLAINT OF DISCRIMINATORY TREATMENT

O: DEPARTMENT OF PUBLIC SOCIAL SERVICES CIVIL RIGHTS SECTION 12860 CROSSROADS PARKWAY SOUTH CITY OF INDUSTRY, CALIFORNIA 91746			CASE NAME:	
CITY OF INL	DUSTRY, CALIFORNIA 91		SE NUMBER:	
l,			plaint of discriminatory treatment	
(Pleas	se print your name)	•	investigation be conducted.	
	discriminated agai		THINIC COOLD IDENTIFICATION	
RACE	ODIO!N	☐ DISABILITY	☐ ETHNIC GROUP IDENTIFICATION	
□ NATIONAL (□ RELIGION	□ SEX	
☐ MARITAL ST	TATUS	☐ AGE	□ COLOR	
□ POLITICAL A	AFFILIATION	☐ SEXUAL ORIENTATION	□ DOMESTIC PARTNERSHIP	
DATE OF OCCU	JRRENCE:			
NAME(S) AND TI	TLE(S) OF THE PERSON	(S) WHO I BELIEVE DISCRIMINATE	D AGAINST ME	
	TLE(S) OF THE PERSON	(5) WHO I BELIEVE DISCRIVINATE	DAGAINST ME:	
THE LOWEST DE	orgrani an gannuman			
THE ACTION, DE	CISION OR CONDITION	WHICH CAUSED ME TO FILE THIS	COMPLAINT IS AS FOLLOWS:	
I WISH TO HAVE	THE FOLLOWING COR	RECTIVE ACTION TAKEN:		
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I WISH TO HAVE	CONSENT GRA	NTED - By initialing this option	n, I am authorizing the Department of Public Soci	
	CONSENT GRAI Services, Civil Rights	NTED - By initialing this options Section (CRS) to reveal my iden	tity and other personal information to persons at the	
Initial on the line above if you give	CONSENT GRAI Services, Civil Rights organization or institu	NTED - By initialing this option Section (CRS) to reveal my iden under investigation and to o	tity and other personal information to persons at the ther Federal and State agencies in accordance wi	
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