



DEPARTMENT OF PUBLIC SOCIAL SERVICES AMERICANS WITH DISABILITIES ACT COMPLAINT FORM



This form is designed to resolve Department of Public Social Services (DPSS) customer complaints regarding alleged violations of the Americans with Disabilities Act (ADA).

The use of this form is not required to comply with federal regulations and does not initiate a lawsuit.

You or your authorized representative may file a complaint if you allege that you have been discriminated against due to your disability or if you were not offered or provided with a disability accommodation. Disabilities may include, but are not limited to problems with walking, sitting, standing, reading, learning, understanding, speaking, hearing, seeing, being around crowds, and memory loss.

Instructions

1. Complete the attached complaint form. Include your name, case number, address, complainant's telephone number and a brief description of the alleged violation(s).
2. Provide the corrective action requested to resolve the alleged violation(s).
3. You or your authorized representative sign the complaint form.
4. Submit the complaint form in-person at any DPSS office, by phone, fax, email, or mail to:

Department of Public Social Services
Attn: Civil Rights Section
12860 Crossroads Parkway South
City of Industry, CA 91746
Civil Rights Complaint Hotline:
(562) 908-8501
Fax: (562) 692-2240
TTY: (877) 735-2929 (California Relay)
Email: DPSSCivilRights@dpss.lacounty.gov

Los Angeles County Chief Executive Office (CEO)
Attn: Disability Civil Rights Section
500 West Temple Street, Room 754
Los Angeles, California 90012
Telephone: (213) 202-6944
TTY: (800) 855-7100 (California Relay)
Email: Adavis@ceo.lacounty.gov

5. You may request an informal meeting with the DPSS ADA Title II Coordinator to answer any questions.
6. DPSS will assign an investigator who will acknowledge receipt of your complaint in writing.

Please Note:

- Using this informal complaint procedure is not a requirement under federal regulations nor does it prevent you from filing a complaint with the appropriate federal enforcement agency.
- Any retaliation, coercion, intimidation, threat, interference, or harassment for filing a complaint is prohibited and should be reported immediately to the DPSS ADA Title II Coordinator at (562) 908-8501 or to the County's CEO, Disability Civil Rights Section: (213) 202-6944.

This form is available in alternate formats from the Departmental ADA Coordinator.



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AMERICANS WITH DISABILITIES ACT
COMPLAINT FORM



Person completing form (*check one*): Complainant Authorized Representative

Name: _____ Case Number: _____

Address: _____

Telephone No.: (_____) _____

Email: _____

ALLEGED VIOLATIONS

Describe the alleged ADA violation. Provide sufficient detail to make your complaint clear (attach additional pages if necessary).

Date of Occurrence: _____

REQUESTED ACTION

What action are you requesting the County take, to correct the alleged ADA violation?

Complainant Signature: _____ Date: _____

Authorized Representative Signature _____ Date: _____