

COMPLAINT OF DISCRIMINATORY TREATMENT FORM

This form is to be used to file a DPSS complaint of discriminatory treatment for violations against any of the protected classes covered under California Department of Social Services Division 21. According to the Los Angeles County DPSS Civil Rights Handbook, this form is not required to formally submit a discrimination complaint.

You may file a complaint if you feel that you have been discriminated against due to your:

- National Origin (Includes Language)
- Race
- Ethnic Group Identification
- Sex
- Gender Identity
- Marital Status
- Medical Condition
- Religion
- Disability (Physical or Mental)
- Immigration Status
- Color
- Ancestry
- Age
- Gender Expression
- Sexual Orientation
- Domestic Partnership
- Genetic Information
- Political Affiliation
- Citizenship
- Any other applicable basis

Instructions:

1. Complete the attached PA 607 form, Complaint of Discriminatory Treatment. Be sure to include your name, telephone number, mailing address, case number, and a description of the alleged discrimination (attach additional pages, if necessary). To submit your complaint anonymously, you may leave the name section blank and write "Anonymous" in the signature section.
2. Provide the corrective action being requested to resolve the alleged discrimination.
3. Sign the form.
4. Submit the complaint form in-person at any DPSS office, by phone, fax, email, or by U.S. mail to:

**Department of Public Social Services
Civil Rights Section
12860 Crossroads Parkway South
City of Industry, CA 91746
Telephone: (562) 908-8501
Fax: (562) 692-2240
Email: DPSSCivilRights@dpss.lacounty.gov**

Please Note:

- DPSS Civil Rights Section will assign an investigator who will acknowledge receipt of your complaint in writing.
- Submitting a PA 607 is not a requirement to submit a report of discrimination; you may file a written complaint by email, a verbal complaint by telephone, or by informing any DPSS employee to initiate a complaint of discrimination.
- Retaliation is included as a protected activity under CDSS Division 21 and is prohibited. A retaliation complaint is described as any form of intimidation, threatening, coercing, or discriminating against any individual engaging in a protected activity, such as filing a complaint, testifying, or participating in any manner in any investigation, proceeding, or hearing. This is not the same as a discrimination complaint, however, it is prohibited under CDSS Division 21.

COMPLAINT OF DISCRIMINATORY TREATMENT FORM

Please return completed form to:
Department of Public Social Services Civil Rights Section
12860 Crossroads Parkway South
City of Industry, CA 91746
E-mail: DPSSCivilRights@dpss.lacounty.gov
Phone: (562) 908-8501
Fax: (562) 692-2240

Case Name:**Case Number:**

I,
and request that an investigation be conducted.

hereby file this complaint of discriminatory treatment

I believe I was discriminated against because of my (check at least one box):

NATIONAL ORIGIN (including language)
COLOR
RACE
ANCESTRY
ETHNIC GROUP IDENTIFICATION
DOMESTIC PARTNERSHIP
PHYSICAL OR MENTAL DISABILITY

AGE
SEX
GENDER EXPRESSION
GENDER IDENTITY
SEXUAL ORIENTATION
MEDICAL CONDITION

RELIGION
POLITICAL AFFILIATION
CITIZENSHIP
IMMIGRATION STATUS
MARITAL STATUS
GENETIC INFORMATION
ANY OTHER APPLICABLE BASIS:

I BELIEVE I WAS RETALIATED AGAINST BECAUSE:

DATE OF OCCURRENCE:

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED/RETALIATED 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 — By initialing this option, 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.

ADDRESS:

SIGNATURE

DATE

TELEPHONE: