

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES

CIVIL RIGHTS DISCRIMINATION COMPLAINT

California's county welfare departments may not discriminate against an individual, or a group, on the basis of race, color, religion, sex, national origin, political affiliation, disability, marital status, sexual orientation, or age when determining/providing aid, benefits, or services.

Complete this form to report a discrimination complaint. (Customers should complete the form whenever possible. Otherwise, DPSS staff should complete the form on the customer's behalf.)

PLEASE PRINT

CUSTOMER'S NAME	AID TYPE
STREET ADDRESS, APT#, SUITE	CASE NUMBER
CITY, STATE, ZIP CODE	PHONE NUMBER () AREA CODE

Tell us what occurred:

DATE OF OCCURRENCE	OFFICE LOCATION	NAME OF PERSON(S) INVOLVED IN THE OCCURENCE
_____	_____	_____

The discrimination complaint is based on: (Check ALL the boxes that apply.)

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

What action(s) lead you to believe that discrimination occurred?

What resolution is being requested?

Form completed by:

- Customer
- DPSS staff _____ () _____
Name (Print) Phone Number
- Other _____ () _____
Name (Print) Phone Number

The above information is true and complete to the best of my knowledge and belief.

▶ _____ Date _____
Signature of person completing the form

Give completed form to any DPSS employee, or mail form to:

DPSS HR/ACS 10281 Kidd Street, Riverside, CA 92503 Attention - Civil Rights Coordinator
(Upon receipt, the Civil Rights Coordinator will contact you.)