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 age, ancestry, citizenship, color, domestic partnership, ethnic group identification, gender identity or expression, genetic information, immigration status, marital status, medical condition, national origin, physical or mental disability, political affiliation, primary language, race, religion, sex, or sexual orientation 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:

Tell us what occurred:

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

I believe I have been discriminated against on the basis of: (*Check ALL the boxes that apply*.)

- ☐ AGE
- ☐ ANCESTRY
- ☐ CITIZENSHIP
- ☐ COLOR
- ☐ DOMESTIC PARTNERSHIP
- ☐ ETHNIC GROUP IDENTIFICATION
- ☐ GENDER IDENTITY OR EXPRESSION
- ☐ GENETIC INFORMATION
- ☐ IMMIGRATION STATUS
- ☐ MARITAL STATUS
- ☐ MEDICAL CONDITION
- ☐ NATIONAL ORIGIN
- ☐ PHYSICAL OR MENTAL DISABILITY
- ☐ POLITICAL AFFILIATION
- ☐ PRIMARY LANGUAGE
- ☐ RACE
- ☐ RELIGION
- ☐ SEX
- ☐ SEXUAL ORIENTATION

Describe in your own words what action(s) have happened to you to lead you to believe you have been discriminated against:

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.

▶ _____ SIGNATURE OF PERSON COMPLETING THE FORM _____ DATE

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

DPSS Assurance & Review Services
10281 Kidd St. Riverside, CA 92503
Assuranceandreview@rivco.org

(Upon receipt, the Civil Rights Coordinator/designee will contact you.)