

**FRESNO COUNTY DSS
DISCRIMINATION COMPLAINT FORM
(For Use by Client)**

INSTRUCTIONS

If you have a complaint, fill in this form and submit it to the Fresno County Department of Social Services, Attn: Civil Rights Coordinator, 205 W. Pontiac Way, Clovis, CA 93612 or email the completed form to DSSPersonnel@fresnocountyca.gov. **This complaint must be filed within 180 calendar days after the alleged discriminatory act took place.**

PERSONAL INFORMATION

Name _____ Phone _____
(home) (message)

Address _____

NATURE OF COMPLAINT

1. On what basis do you feel you have been discriminated against?
- | | | | | | | |
|----------------------------------|-----------------------------|-----------------------|--------------------|----------|----------|-----------------|
| Race | Color | Age | Sex/Gender | Religion | Ancestry | National Origin |
| Medical Condition | Marital Status | Disability | Sexual Orientation | | | |
| Domestic Partnership | Genetic Information | Political Affiliation | Gender Identity | | | |
| Gender Expression | Ethnic Group Identification | | | | | |
| Any Other Applicable Basis _____ | | | | | | |
2. What type of harm or adverse action are you alleging? (Please mark all that apply)
- | | | | |
|-----------------------------------|----------------------------|------------------------|-----------------------------|
| Retaliation | Sexual Harassment | Failure to Accommodate | Denial of Language Services |
| Denial of Benefits/Services | Delay of Benefits/Services | Harassment | |
| Any Other Applicable Action _____ | | | |
3. Date(s) of alleged discriminatory act(s). _____
4. Program Type / Case Number. _____
5. State the specifics of what occurred that lead you to believe you have been discriminated against, including the name(s) of the person(s) involved (Use additional paper if necessary. Submit any documentation you have to substantiate your allegations.)
- _____
- _____
- _____
- _____

ACTION REQUESTED

What remedy do you request for the alleged discrimination? (Use additional paper if necessary)

CONSENT

I hereby certify that the information furnished in this complaint is true to the best of my knowledge, information and belief.

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.

By signing this complaint, I am authorizing the Department of Social Service (DSS) Civil Rights to reveal my identity and other personal information to persons at the organization or institution and to other Federal and State agencies in accordance with applicable federal and state laws and regulations. I hereby authorize DSS 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.

(Signature)

(Date)

Distribution: Original – Civil Rights Coordinator, Building 2, Stop 109
Copies – Client