



County of Orange
SOCIAL SERVICES AGENCY

PROGRAM INTEGRITY
1928 S Grand Ave; Bld A
Santa Ana, CA 92705
P.O. BOX 22001
Santa Ana, CA, 92705
ssapicivilrights@ssa.ocgov.com

ATTN: Civil Rights Coordinator

RE: Discrimination Complaint

Name: _____

Case Number: _____

Type of Aid: CalWORKs CalFresh Medi-Cal General Relief IHSS APS
 Child Care Welfare-to-Work Children and Family Services Other _____

I believe I have been discriminated against on the basis of: Age Race Religion Ancestry
 Sexual Orientation Domestic Partnership National Origin Language Political Affiliation
 Sex Gender Identity Gender Expression Disability (including HIV status) Marital Status
 Color Ethnic Group Identification Medical Condition Genetic Information Immigration Status
 Any Other Applicable Basis

Name of Person Who Discriminated	Title	Date of Occurrence	Place of Occurrence and Agency

Describe in your own words what happened to lead you to believe you have been discriminated against and what resolution you are seeking. Please be specific. *(Use reverse side or attach pages if more space is needed).*

I understand the above information is true and complete to the best of my knowledge 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 consent for the release of information.

By signing this complaint, I am authorizing the County of Orange Program Integrity (PI) 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 regulations. I hereby authorize PI 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: _____

Address: _____

Phone Number(s): _____ / _____