



County of Orange  
**SOCIAL SERVICES AGENCY (SSA)**  
 Civil Rights Unit  
 1928 S Grand Ave – Building C  
 P.O. BOX 22001  
 Santa Ana, CA 92705  
 ssapicivilrights@ssa.ocgov.com

ATTN: Civil Rights Coordinator

Discrimination/Retaliation Complaint

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Type of Aid (select all that apply):

CalWORKS     CalFresh     Medi-Cal     General Relief     In-Home Supportive Services

Adult Protective Services (APS)     Welfare-to-Work     Children and Family Services    Other: \_\_\_\_\_

I believe I have been discriminated against on the basis of (select all that apply):

Age     Race     Religion     Ancestry     Sexual Orientation

Domestic Partnership     National Origin     Language     Political Affiliation     Sex

Gender Identity     Gender Expression     Disability     Marital Status     Color

Ethnic Group Identification     Medical Condition     Genetic Information     Immigration Status     Retaliation

Any Other Applicable Basis: \_\_\_\_\_

Name of Person Who Discriminated Against You	Title	Date Discrimination Occurred	Place Discrimination Occurred

Describe in your own words what happened to lead you to believe you have been discriminated against. Please be specific.

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

If discrimination and/or retaliation is discovered during an investigation, the County Welfare Department is required to create a corrective action plan to resolve the problem that was discovered and to create a plan or policy so the same issue does not happen again. This can include training staff or creating new policies to better serve applicants and recipients of social services benefits.

The Civil Rights Unit's discrimination complaint process is not designed to do the following:

1. Reinstate or increase benefit amount
2. Increase IHSS service hours
3. Reverse child protective services-related court orders or overturn decisions about parental custody
4. Provide money compensation
5. Reverse a State Hearings decision
6. Reassignment of your social worker
7. Discipline or terminate a county staff person's employment
8. Stop a fraud investigation, and/or reverse a fraud determination

What resolution are you seeking:

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.

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: \_\_\_\_\_

[ssapicivilrights@ssa.ocgov.com](mailto:ssapicivilrights@ssa.ocgov.com)