



County of Los Angeles –
Workforce Development, Aging and Community Services
DISCRIMINATION COMPLAINT FORM



SECTION I: COMPLAINANT INFORMATION

First Name:		Last Name:	
Home Phone:		Work/Cell Phone:	
Current address:			
City:		State:	ZIP Code:

ACCESSIBLE FORMATS REQUIRED (CHECK ALL THAT APPLY)

Large Print Audio Tape TOD Other (Specify):

SECTION II: INFORMATION ON THIRD PARTY FILER

Are you filing this complaint on your own behalf (please circle)? YES NO

If you answered "YES" to the question above, go to Section IV.
If you answered "NO" please supply the name and relationship of the person for whom you are complaining:

First Name:		Last Name:	
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Please explain why you have filed for a third party.

Please confirm that you have obtained permission of the aggrieved party if you are filling on behalf of a third party (please circle).

YES NO

SECTION III: COMPLAINT HISTORY

Have you previously filed a discrimination complaint (please circle)? YES NO

If yes, what was the complaint number?	Complaint number:
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Please note: This information is needed for administrative purposes we will assign the same complaint number to the new complaint.

Transit Provider:	
Department of Transportation:	
Department of Justice:	
Equal Employment Opportunity Commission:	
Other (be specific):	

Have you ever filed a lawsuit regarding your complaint (please circle)? YES NO

Please note: This information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issue, we defer to the decision of the court.

SECTION IV: DESCRIPTION OF DISCRIMINATION

Which of the following best describes the reason you believe the discrimination took place? Was it because of your (please check all that apply):

- Race Color National Origin Age Gender or Gender Expression Sex
- Disability Religion Marital Status Sexual Orientation Medical Condition

On a separate sheet please describe your complaint. You should include specific details such as name, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

This form continues on the back of this page or on the next sheet.

SECTION V: RELEASE OF INFORMATION		
May we release a copy of your complaint to the transit provider (please circle)?	YES	NO
May we release your identity to the transit provider (please circle)?	YES	NO
SECTION VI: SIGNATURE		
Signature:		
Printed Name:		
Date:		
Note: We cannot accept your complaint without a signature.		

Please submit this form with attachments in person at the address below or mail the form to:

Departmental Human Resources Manager
 WDACS
 3175 6th Street
 Los Angeles, CA 90020

Spanish Si usted necesita este formulario traducido, por favor contáctenos al (888)863-7411.

Chinese 如果您需要翻译此表格, 请联系我们 (888) 863-7411。

Korean 이 양식 번역 필요 하면, (888)863-7411 에 문의 하시기 바랍니다.

Vietnamese Nếu bạn cần mẫu đơn này dịch, xin vui lòng liên hệ với chúng tôi tại (888)863-7411.

Japanese このフォームの翻訳が必要な場合は、(888)863-7411 にお問い合わせください。

Russian Если вам нужна эта форма перевода, пожалуйста, свяжитесь с нами по (888)863-7411.

Thai ถ้าคุณต้องแปลแบบฟอร์มนี้ โปรดติดต่อเราที่ (888)863-7411

Armenian Եթե թարգմանալու լայն կարիք ունեք, խնդրում ենք կապվել մեզ (888) 863-7411 հեռախոսահամարով:

Tagalog Kung kailangan mo ang form na ito maisalin sa wikang tagalog, mangyaring makipag-ugnay sa amin sa (888)863-7411

Cambodian ប្រសិនបើអ្នកត្រូវការការបកប្រែទម្រង់នេះសូមទាក់ទងមកយើងខ្ញុំ តាមលេខ (888) 863-7411