COMPLAINT OF DISCRIMINATORY TREATMENT

TO: San Francisco Human Services Agency
Office of Civil Rights (OCR)
City and County of San Francisco
P.O. Box 7988
San Francisco, CA 94120

SSN:

CASE NUMBER:

I, _____, hereby file this complaint of discriminatory treatment and request that an investigation be conducted.
(Please print your name)

I believe I was discriminated against because of my:

☐ **NATIONAL ORIGIN (including language)**	☐ **AGE**	☐ **GENETIC INFORMATION**
☐ **COLOR**	☐ **SEX**	☐ **RELIGION**
☐ **RACE**	☐ **GENDER**	☐ **POLITICAL AFFILIATION**
☐ **ANCESTRY**	☐ **GENDER IDENTITY OR EXPRESSION**	☐ **ANY OTHER APPLICABLE BASIS:** _____
☐ **ETHNIC GROUP IDENTIFICATION**	☐ **SEXUAL ORIENTATION**	
☐ **PHYSICAL OR MENTAL DISABILITY**	☐ **MARITAL STATUS**	
	☐ **DOMESTIC PARTNERSHIP**	
	☐ **MEDICAL CONDITION**	

DATE OF OCCURRENCE: _____

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME:

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS:

I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN:

_____
Initial on the line above if you give consent.

CONSENT GRANTED – By initialing this option, I am authorizing the Human Services Agency (HSA), Office of Civil Rights (OCR) 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 laws and regulations. I hereby authorize HSA 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.

_____
Initial on the line above if you do not give consent.

CONSENT DENIED – 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.

_____ **ADDRESS:** _____
(SIGNATURE) **(DATE)**

TELEPHONE: _____