



RIVERSIDE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

CIVIL RIGHTS- COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Riverside County Department of Child Support Services. Federal and State Law provides that the Department of Child Support Services may not discriminate against a person on the basis of race, color, religion, sex, national origin, disability, marital status, or age.

Complete this form to report receipt of any discrimination complaint.

Name:	Last	First	M.I.
Address:	City:		State: Zip Code:
Home Telephone Number:	Work Telephone Number:	Case # (if applicable):	

Please indicate below the basis on which you believe these discriminatory actions were taken (e.g., Race: "Hispanic" or Sex: "Female")

- | | |
|--|---|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Sex _____ |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Marital Status _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Disability _____ | |

Describe your discrimination complaint:

Describe any additional information/facts that are relevant to the complaint, including what remedy you are seeking for the alleged discrimination.

- Client has been advised of their right to file a formal complaint with the Department of Child Support Services Civil Rights Officer.

Reported By:	Phone Number	Unit/Team	Date
Supervisor's Signature	Phone Number	Unit/Team	Date