



Culver City Parks, Recreation & Community Services Commission

9505 Jefferson Blvd., Culver City, CA 90232

(310) 253-6655 Fax (310) 253-6666

COMPLAINT OF DISCRIMINATION

Notice: The information contained in this complaint form will be kept confidential *unless otherwise required to be disclosed by law.*

PART A

DATE: _____

Name: _____ Home Telephone: _____

Address: _____ Work Telephone: _____

City: _____ State: _____ Zip: _____

PART B

1. If your complaint involves an employee of the City, please provide the following information:

Name of employee: _____ Department: _____

Other employees: _____

2. If your complaint involves a Division, Department or specific policy of the City, please provide information regarding the entity.

Division/Department Name: _____ OR

Policy Description: _____

3. When did the incident occur: DATE: _____ TIME: _____

4. Where did the incident occur? (Location) _____

5. Please describe the incident in the space provided below and on the next page:

If more space is needed please check the box and provide an attachment.

5. Have you filed a complaint, either written or verbal, about this matter with any other Agency, person or City Department? YES NO If yes, when and with whom did you file a complaint?

 What was the result of the above complaint?

6. I believe I was discriminated against because of my (check all that apply):
 Race National Origin Age
 Gender Marital Status Disability
 Sexual Orientation Religion Other _____

7. Have you ever filed a complaint with the City before? YES NO

8. Do you know any other individuals who witnessed the alleged discrimination?
 YES NO

If yes, please list those individuals below.

NAME	ADDRESS	TELEPHONE

I hereby certify that the above information is true and correct to the best of my knowledge:

Signature of Complainant: _____ Date: _____

FOR STAFF USE ONLY

Staff Receiving Complaint: _____ Date: _____

Describe Actions Taken:

