

DISCRIMINATION COMPLAINT FORM

(Individual Seeking, Receiving, or Who Has Received DOR Services)

DR 135B (New 02/24)

CONFIDENTIAL

SECTION 1 – COMPLAINANT INFORMATION

COMPLAINANT’S NAME (PRINT) PHONE NUMBER EMAIL ADDRESS

DISTRICT/BRANCH WHERE SERVED ADDRESS

TODAY’S DATE DATE OF MOST RECENT INCIDENT

SECTION 2 – RESPONDENT INFORMATION

RESPONDENT’S NAME RESPONDENT’S JOB TITLE/CLASSIFICATION (if applicable)

RELATIONSHIP TO RESPONDENT NAME OF CONTRACTOR/GRANTEE (if applicable)

RESPONDENT’S PHONE NUMBER

SECTION 3 – COMPLAINT INFORMATION

BASIS OF COMPLAINT

AGE (40 OR OLDER)

MEDICAL CONDITION

ANCESTRY

NATIONAL ORIGIN

CITIZENSHIP

RACE (Specify) _____

COLOR

RELIGION/RELIGIOUS CREED

DISABILITY (PHYSICAL OR MENTAL)

RETALIATION (REPRISAL)

GENDER

SEX (and including pregnancy, childbirth, breastfeeding, or related medical conditions)

GENDER EXPRESSION

GENDER IDENTITY

SEXUAL HARASSMENT (unwanted sexual advances or visual, verbal or physical conduct of a sexual nature and including sexual violence such as rape, sexual assault, sexual battery, and sexual coercion)

GENETIC INFORMATION

MARITAL STATUS

SEXUAL ORIENTATION

VETERAN AND MILITARY STATUS

Please describe the allegation(s) by explaining **who, what, where, how, why, and the date(s) of the discriminatory act(s)**. If applicable, list all witnesses to the alleged act(s). Include in your description specific examples of how the alleged behavior or conduct altered working conditions so as to make it more difficult to work and/or affected the terms and conditions of employment (attach additional pages if necessary).

Please describe the reason(s) why you believe the alleged incident(s)/behavior(s) occurred because of the protected category(ies) you selected, including the facts that support your belief (attach additional pages if necessary).

SECTION 4 – REMEDY REQUESTED

DESCRIBE THE REMEDY YOU ARE SEEKING:

This form should be submitted to DOR's Office of Civil Rights (OCR). If you have any questions, you may contact OCR at (916) 558-5850 or OCR@dor.ca.gov.

DISCRIMINATION COMPLAINT FORM**(Individual Seeking, Receiving, or Who Has Received DOR Services)**

DR 135B (New 02/24)

I declare that the facts stated are true and correct.

Complainant's Signature

Date Signed

This form should be submitted to DOR's Office of Civil Rights (OCR). If you have any questions, you may contact OCR at (916) 558-5850 or OCR@dor.ca.gov.

PRIVACY STATEMENT AND NOTICE

The Information Practices Act of 1977 (California Civil Code section 1798.17) requires this notice to be provided to individuals when collecting personal information. The Department of Rehabilitation (DOR) is committed to the privacy of your personal information. The information requested on this form is voluntary but helpful in analyzing, investigating, and responding to the issues raised in this complaint form. Failure to provide the requested information will have no negative impact upon you but could lead to a decision that the facts provided are insufficient to proceed with an investigation of your complaint.

The DOR may share personal information collected under the following circumstances:

1. With your written consent to disclose your personal information.
2. When required or authorized by law or regulation, including, but not limited to, the U.S. Department of Education, or other entity with the legal authority to conduct an audit or investigation of DOR's practices to ensure compliance with civil rights policies, procedures, and statutes.

Individuals have right of access to records containing their personal information maintained by DOR. You may contact DOR's Office of Civil Rights at (916) 558-5850 or OCR@dor.ca.gov to obtain a copy of the record or information about the location of your records and the categories of any persons who use the information in those records.

Additional details regarding DOR's Privacy Policy can be found at <https://www.dor.ca.gov/Home/privacypolicy>. You may also contact:

Privacy Officer
Department of Rehabilitation
721 Capitol Mall
Sacramento, CA 95814
Phone: (916) 558-5617
Email: privacy@dor.ca.gov

Legal Authority for Collection and Use of Information: California Civil Code sections 51 and 1798 et seq.; California Code of Regulations, title 9, sections 7350, 7351, 7353.5, 7363 to 7367; Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments Act of 1972; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; and Americans with Disabilities Act of 1990; 34 CFR parts 100 to 106, 110, and 361.38.