



## Complaint Report Form

It is the policy of **WHW** to employ its best efforts to ensure that all programs, services, activities, and benefits are implemented in a non-discrimination manner.

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, national origin or ancestry, religion, age, sex, marital status, political affiliation, or physical or mental condition may file a written complaint within 180 days after the date of the alleged discrimination with **WHW** and the State of California Public Inquiry and Response Bureau. Further, **WHW** prohibits intimidation, coercion, or engagement in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by Title VI.

If you are unable or incapable of providing a written statement, but wish **WHW** to investigate the alleged discrimination; a verbal complaint of discrimination may be made. Please contact (949) 631-2333 and ask for assistance. The complainant will be interviewed by an appropriate official authorized to receive complaints. If necessary, the official will assist you in converting verbal complaints to writing. Translation services will be provided to all complainants, as necessary. All complaints must, however, be signed by the complainant or his/her representative.

Please provide the following information:

|   |              |          |
|---|--------------|----------|
| Your Name   | Phone Number |          |
| Street Address  |              |          |
| City  | State        | Zip Code |
| Person(s) discriminated against (if someone other than complainant) |              |          |
| Street Address  |              |          |
| City  | State        | Zip Code |

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_



Please mail your complaint form directly to **WHW** at the following address:

**Ms. Janie Best, Chief Executive Officer**  
**WHW**  
**2803 McGaw Ave.**  
**Irvine, CA 92614**

Have you filed a complaint with any other federal, state or local agency? (Circle one) Yes/No

|                                       |                |
|---------------------------------------|----------------|
| Agency                                | Contact Person |
| Street Address, City, State, Zip Code |                |
| Agency                                | Contact Person |
| Street Address, City, State, Zip Code |                |

You may file a formal complaint directly to the State through the State of California's Affirmative Action Complaint Process at:

**State of California Public Inquiry and Response Bureau**

774 P Street, MS 20-23  
Sacramento, CA 96814  
1-800-952-5253  
1-800-952-8349 (Hearing Impaired)

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

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Complainant's Signature

Date