

VFW, DEPARTMENT OF CALIFORNIA
DISCRIMINATION/SEXUAL HARASSMENT COMPLAINT
VFWCA FORM DH-1 (Rev. 9/20)

NARRATIVE (cont.):

WITNESSES:

NAME:	CONTACT INFORMATION:

I declare under penalty of perjury under the laws of the State of California and the Bylaws of the Veterans of Foreign Wars of the United States that the information that I have entered on this discrimination/harassment complaint form is true and complete to the best of my knowledge. I agree to cooperate fully with any inquiry or investigation conducted by the VFW, Department of California pertaining to this complaint.

COMPLAINANT'S SIGNATURE

DATE SIGNED