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

INSTRUCTIONS: This form should be used when filing a discrimination or sexual harassment complaint.

Name: Address: Phone Number: E-mail Address: COMPLAINT SUMBITTED TO: Commander Post #: Commander District # Commander Dept or CA: RESPONDENT INFORMATION: Who is/are the person(s) responsible for the alleged discrimination/harassment taken against you? Please inclicomplete name(s) and correct title(s). Name: Title: INCIDENT: Be detailed in and state what occurred.	Name: Address: Phone Number: E-mail Address: COMPLAINT SUMBITTED TO: Commander Post #: Commander District # Commander Dept or CA: ESPONDENT INFORMATION: Who is/are the person(s) responsible for the alleged discrimination/harassment taken against you? Please include omplete name(s) and correct title(s). Name: Title: NCIDENT: e detailed in and state what occurred. DATE: TIME: LOCATION:	Please check status at time of incide	ent and complete the co	ntact information b	pelow:
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Be detailed in and state what occurred.	DATE: TIME: LOCATION:	NCIDENT.			
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DATE: LOCATION:	NARRATIVE: (Attach additional information if needed)		TINAS		LOCATION:
NARRATIVE: (Attach additional information if needed)		DATE:	I IIVIE:		200

VFW, DEPARTMENT OF CALIFORNIA

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NARRATIVE (cont.):		
WITNESSES.		
WITNESSES: NAME:	CONTACT INFORMATION:	
	the laws of the State of California and the Bylaws of the Veterans of Foreign \ n that I have entered on this discrimination/harassment complaint form is true	
	I agree to cooperate fully with any inquiry or investigation conducted by the N	
Department of California pertaining	this complaint.	
CORADI AINIANIT/C CICALATURE	DATE CICAIED	
COMPLAINANT'S SIGNATURE	DATE SIGNED	