

TITLE VI COMPLAINT FORM

Before filling out this form, please read the City of California City Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please call us at the phone number listed above. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Complaint's Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number Home:	Other:	

Where you discriminated against because of:

_____ Race

_____ National Origin

_____ Color

Date of Alleged Incident _____

Time of Incident _____

Person discriminated against (if someone other than complaint):

Name:		
Address:		
City:	State:	Zip Code:

Have you filed this complaint with any other federal, state, or local agency or with any federal or state court? ____Yes ____No

If yes, check all that apply and provide name of agency and contact information:

	Federal Agency:	Contact:
Telephone # For Contact:		Email:
	Federal Court:	Contact:
Telephone # For Contact:		Email:
	State Agency:	Contact:
Telephone # For Contact:		Email:
	State Court:	Contact:
Telephone # For Contact:		Email:
	Local Agency:	Contact:
Telephone # For Contact:		Email:
	Other:	Contact:
Telephone # For Contact:		Email:

Have you filed a lawsuit regarding this complaint: Yes____ No____

Note: If litigation is pending regarding the same issues, we defer to the decision of the court.

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of the allegations. Please provide any other documentation that is relevant to this complaint.

