Title VI Complaint Form

Section 601 under Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” If you feel you have been discriminated against, please provide the following information in order to assist the City in processing your complaint.

SECTION 1 (Please print clearly):

Name: _____________________________________________________________________
Address: ___________________________________________________________________
City, State, Zip Code: ________________________
Telephone Number: _____________________ (Home) _____________________ (Work)
Email Address: _________________________
Accessible format requirements? _____ (Large print) _____ (Audiotape) _____ (TDD) _____ (Other)

SECTION 2

Are you filing this complaint on your own behalf? _____ (Yes) _____ (No)
If you answered yes to this question, go to Section 3.
If not, please supply the name and relationship of the person for whom you are complaining:
Name: _________________________________ Relationship: ___________________________
Please explain why you have filed for a third party: ______________________________________
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. _____ (Yes) _____ (No)

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):

_______ Race _______ Color_______ National Origin

Date and Place of Occurrence: ____________________________________________________________

Name (s) and Title(s) of the person (s) who I believe discriminated against me:
_____________________________________________________________________________________
_____________________________________________________________________________________

The action or decision which caused me to believe I was discriminated against is as follows:
(Please include a description of what happened and how your benefits were denied, delayed or affected):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Please list any and all witnesses’ names and phone numbers:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What type of corrective action would you like to see taken?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

SECTION 4

Have you previously filed a Title VI complaint with this agency? _____ (Yes) _____ (No)

SECTION 5

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:
Federal Agency_____ Federal Court_____ State Agency_____ State Court ____ Local Agency____

Please provide information about a contact person at the agency/court where the complaint was filed.
Name: __________________________________ Title: ____________________________
Agency: ________________________________________________________________
Address: __________________________________________________________________
Telephone Number: __________________ Email Address: _______________________

You may attach any written materials or other information that you think is relevant to your complaint.

I believe the above information is true and correct to the best of my knowledge.
Signature and date required below:

__________________________ ___________________________
Signature Printed Name

_________________________
Date

Please submit this form in person at the address below or mail this form to:
City of Wasco Dial-a-Ride
Title VI Coordinator
764 “E” Street
Wasco, California 93280