



## TITLE VI COMPLAINT FORM

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Title VI of the Civil right Act of 1964, and other related laws and regulations, provide that no person shall on the grounds of race, color, national origin, sex, age, disability, and income be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal funds.

The purpose of this form is to assist you in filing a complaint with the City's Title VI Coordinator. You are not required to use this form. A letter containing the same information is sufficient. However, the information requested must be provided, whether or not this form is used. ADA assistance is available upon request.

You may file a complaint against the City, a City contractor, or a City sub-recipient of federal funds. All complaints must be filed within 180 days of the occurrence of the alleged act or a waiver requested as indicated below. Send All Complaints To:

City of Imperial  
ATTN: Title VI Coordinator  
420 South Imperial Avenue  
Imperial, CA 92251

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1. Complainant's Name and Address:

Name:

Address:

City:

State:

Zip Code

Home Phone:

Work Phone:

Cell Phone:

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2. Person(s) Discriminated Against, if Different from Above.

Name:

Address:

City:

State:

Zip Code

Home Phone:

Work Phone:

Cell Phone:

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3. City Department, Contractor, or Sub-recipient that Discriminated

Name:

Address:

City:

State:

Zip Code

Home Phone:

Work Phone:

Cell Phone:

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4. Indicate the Reasons You Believe the Discriminatory Action(s) Occurred.

Race/Ethnicity

Sex

Age

National Origin

Religion

Disability

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5. To Your Best Recollection, List the Date(s) the Discrimination Took Place.

Earliest date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

6. Please explain as clearly as possible what occurred, who was involved, why you believe it occurred, and how you (or another) were discriminated against. Be sure to include how other persons were treated differently than you. (Please use additional sheets of paper, if necessary, and attach a copy of any written pertinent to your claim).

7. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination listed above is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

8. Sign and Date the Complaint (City Does Not Accept Unsigned Complaints).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_