

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires 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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the Customer Advocacy Department, P.O. Box 2110, Sacramento, CA 95812 or in person 1221 R Street, Sacramento, CA 95811.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Contact Number: _____ Cell ___ Home ___ Work___

5. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race: _____

b. Color: _____

c. National Origin: _____

7. What date did the alleged discrimination take place?

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8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any federal, state, or local agency; or with any federal or state court? Yes _____ No _____

If yes, check each that applies:

Federal Agency ___ Federal Court ___ State Agency ___
State Court ___ Local Agency ___

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

11. Please sign below. You may attach any written materials or other information That you think is relevant to your complaint.

Complainant's Signature

Date