



TITLE VI Discrimination Complaint Form

Your Contact Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Work Phone: _____

Email: _____

Are you filing this complaint on your own behalf? ___ Yes ___ No

If not, please supply the name and relationship of the person for whom you are complaining:

Briefly and clearly explain why you have filed for a third party.

Discrimination Complaint

Name of Agency or Name and Position of Person that You Believe Discriminated Against You:

Date of Alleged Incident(s):

You believe you were discriminated because of (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National Origin (Language) | <input type="checkbox"/> Age |
| <input type="checkbox"/> Retaliation* | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Other |

* "Retaliation" is defined as being intimidated, threatened, coerced, or discriminated against for the purpose of interfering with any right or privilege, or because you have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved, including any witnesses. Be sure to include how other persons were treated differently than you, if applicable. Also attach any relevant written material pertaining to the incident(s):

Have you filed, or intend to file, this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

**If yes, which? _____ Federal Court _____ State Court _____ Federal Agency
_____ State Agency _____ Local Agency**

If you have already filed a charge or complaint, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency/Court: _____

Address: _____

Phone Number (including Area Code) _____

Email: _____

Date Filed: _____ Case Number: _____

Date of Trial/Hearing: _____

Signature: _____ Date: _____

Please sign and mail this form to: Christine Martin, Title VI Program Manager, City of Livermore, City Manager's Office, 1052 South Livermore Avenue, Livermore, CA 94550.