

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States of America 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."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail, deliver or email to:

Department of Public Works and Planning
Attn: Title VI Coordinator
2220 Tulare Street, 6th Floor
Fresno CA 93721

TitleVI@fresnocountyca.gov

1. Complainant's Name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Telephone No. (Home): _____ (Work): _____
5. Person discriminated against (if other than complainant)
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
6. What was the discrimination based on? (Check all that apply)

☐ Race/Color	☐ Low Income	☐ Disability
☐ National Origin	☐ Gender	☐ Limited English Proficiency
7. Date of incident resulting in discrimination: _____
8. Describe how you were discriminated against. What happened and who was responsible?
For additional space, attach additional sheets as needed.
9. What County of Fresno representative(s) is the person alleging was/were involved?
10. Where did the incident take place? Please provide location, name, etc.

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11. Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work): _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check the appropriate space) ☐ Yes ☐ No

If answer is yes, check each agency complaint was filed with:

☐ Federal Agency

☐ Federal Court

☐ State Agency

☐ State Court

☐ Local Agency

☐ Other

13. Provide the contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe supports your complaint.

Complainant's Signature

Signature Date