



# City of Concord

## 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.” Note: 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.

### Complainant's Information:

\_\_\_\_\_  
*Name (Last, First, Middle Initial)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Telephone Number: \_\_\_\_\_  
*Home Cell Business*

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

\_\_\_\_\_  
*Name (Last, First, Middle Initial)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

1. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: *(check reason)*

Race/Color       Age

National Origin       Disability

2. What date did the alleged discrimination take place and the location?

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Location*

3. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

4. 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 (Last, First, Middle Initial)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

*Telephone Number:* \_\_\_\_\_  
*Business*

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date