Appendix C: Title VI Complaint Form

Section 601 under Title VI of the Civil Rights Act of 1964 states 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.” If you feel you have been discriminated against, please provide the following information in order to assist Lake County/City Area Planning Council in processing your complaint.

SECTION 1 (Please print clearly):

Name: _______________________________________________________________________
Address: _____________________________________________________________________
City, State, Zip Code: ___________________________________________________________
Telephone Number: ____________________(Home) ______________________(Work)
Accessible format requirements? ___(Large print)___(Audiotape)_____(TDD)_____(Other)

SECTION 2

Are you filing this complaint on your own behalf? _____(Yes)_____(No)
If you answered yes to this question, go to Section 3.
If not, please supply the name and relationship of the person for whom you are complaining:
Name: ___________________________________ Relationship: ______________________
Please explain why you have filed for a third party: __________________________________
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of
the third party. _____(Yes)_____(No)

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):
_____ Race _____ Color _____ National Origin
Date and Place of Occurrence: _______________________________________________________
Name(s) and Title(s) of the person(s) who I believe discriminated against me:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

The action or decision which caused me to believe I was discriminated against is as follows:
(Please include a description of what happened and how your benefits were denied, delayed or affected):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list any and all witnesses’ names and phone numbers:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What type of corrective action would you like to see taken?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SECTION 4

Have you previously filed a Title VI complaint with this agency? _____(Yes) _____(No)

SECTION 5

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:___________________________ Title:___________________________
Agency:________________________________________________________________________
Address:________________________________________________________________________
Telephone Number:__________________________________

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

I believe the above information is true and correct to the best of my knowledge.
Signature and date required below:

__________________________   ___________________________
Signature                  Printed Name

_________________________________
Date

Please submit this form in person at the address below or mail this form to:
Lake County/City Area Planning Council
Title VI Coordinator
367 North State Street, Suite 206
Ukiah, CA 95482