

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 or deliver to:

Public Works Department  
Attn: Complaint Coordinator  
2600 Fresno Street  
Fresno CA 93721

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)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Race/Color      | <input type="checkbox"/> Low Income | <input type="checkbox"/> Disability                  |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender     | <input type="checkbox"/> 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 City of Fresno representative(s) is the person alleging was/were involved?

10. Where did the incident take place? Please provide location, name, etc.

## Title VI Complaint

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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: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature Date