



## 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 Mendocino Council of Governments 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:**

Mendocino Council of Governments  
Title VI Coordinator  
525 S. Main Street, Suite B  
Ukiah, CA 95482