

Title VI Civil Rights Complaint Form

The following information is necessary to assist us in processing your complaint. If information is needed in another language, please contact (661) 267-5115.

Complete and return this form to: City of Palmdale, 38300 Sierra Highway, Palmdale, CA 93550.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home): _____ (business): _____

5. Person discriminated against (if someone other than the Complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race b. Color c. National Origin

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. 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 each box that applies:

Federal agency Federal court State agency

State court Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Complainant's Signature

Date