



City of Citrus Heights 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.”

If you believe you have received discriminatory treatment by the City of Citrus Heights under Title VI of the Civil Rights Act, you have the right to file a complaint with the City. The complaint must be filed within 180 calendar days of the alleged discriminatory incident.

The following information is necessary to assist us in processing your complaint.
Please complete and return this form by mail or in person to: Title VI Coordinator, City of Citrus Heights 6360 Fountain Square Drive, Citrus Heights, CA 95621

If you need assistance in completing the form, please let us know.

1. Complainant's Name: _____

2. Mailing Address: _____

3. City/State/Zip Code: _____

4. Telephone: _____

5. Person discriminated against (if other than complainant):

Name: _____

Address: _____

City/State/Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place?

- a. Race: _____
- b. Color: _____
- c. National Origin: _____
- d. Age : _____
- e. Sex _____
- f. Disability _____
- g. Other _____

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 to be responsible. Please use additional sheets of paper if necessary.

9. List any others who may have knowledge of this event:

Name Address City/State/Zip Code

10. 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 _____

11. Please provide a contact name at the agency/court where the complaint was filed:

Name: _____

Agency: _____

Please sign below:

Complainant's Signature: _____ Date: _____

You may attach any written material or other information relevant to the complaint