

## TITLE VI COMPLAINT FORM

Under Title VI of the 1964 Civil Rights Act and related statutes and regulations, no person shall, on the grounds of race, color, sex, age, national origin, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, service, or activity administered by the City of Merced. Any person who feels he or she has been discriminated against may file a complaint. If you feel you have been discriminated against by the City of Merced, please provide the following information. Your complaint will be investigated, and you will receive a reply. All complaints must be received with 90 days of the discrimination.

				with 90 days of the	
Your Name:					
LAST Name, First Middle		Home Pho	one	Work Phone	
Mailing Address			City/Zip	Cell Phone	
Name of Person Disci	riminated Agai	nst (if differen	it from above):		
LAST Name, First M	iddle	Home Pho	one	Work Phone	
Address		City	//Zip	Cell Phone	
Witnesses:					
Witness Name (LAST Name, First Middle)		Address City/Zip		Phone Number (home/work/cell)	
Witness Name (LAST Name, First Middle)		Address City/Zip		Phone Number (home/work/cell)	
Please check off why	you believe th	e discriminati	on occurred:		
☐ Race or Color ☐ Age		☐ National O		rigin	
☐ Sex ☐ Disability		ty	□ Other		

Date/Time Alleged Discrimination Occurred	Location of Occurrence			
Give a brief narrative of the events that led to this complaint. You may add additional sheets as necessary.				
What type of corrective action would you like to see taken?				
Your Signature	Date			

Please attach any documents you have which support the complaint.

Mail to: Suzanne Fierro, Human Resources Manager, 678 W. 18th St, Merced, CA 95340 or email at <u>Title.VI@dot.ca.gov</u>