



# 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.”

The following information is necessary to assist us in processing your complaint. If you need assistance in completing the form, please contact the Title VI Coordinator:

**Title VI Coordinator  
City of Riverside  
3900 Main Street, 2<sup>nd</sup> Floor  
Riverside, CA 92522  
Ph: (951) 826-5427 / Fax: (951) 826-5427  
TDD: (951) 826-5439 / Email: [mwgordon@riversideca.gov](mailto:mwgordon@riversideca.gov)**

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.

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9. List any others who may have knowledge of this event: Name Address City/State/Zip Code

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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:

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Please sign below:

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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