

TITLE VI COMPLAINT OF DISCRIMINATION FORM

TO: TRANSIT CIVIL RIGHTS COORDINATOR
SACRAMENTO COUNTY DEPARTMENT OF TRANSPORTATION
906 G STREET, SUITE 510, SACRAMENTO, CA 95814

I _____ hereby file this complaint of discriminatory
(Please print your name)
treatment and request that an investigation be conducted.

I believe I was discriminated against because of my:

Table with 3 columns: RACE, COLOR, NATIONAL ORIGIN, each with a checkbox.

DATE AND PLACE OF OCCURRENCE: _____

NAME (S) AND TITLE (S) OF THE PERSON (S) WHO I BELIEVE DISCRIMINATED AGAINST ME:

Two horizontal lines for text entry.

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)

Five horizontal lines for text entry.

I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN:

Four horizontal lines for text entry.

I BELIEVE THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(COMPLAINANT'S SIGNATURE) (DATE)

ADDRESS: _____
TELEPHONE: _____