

City of Norco's Seniors on the Move Title VI Complaint Form

SECTION I: Please write legibly		
NAME:		
ADDRESS:		
TELEPHONE:	MOBILE:	EMAIL ADDRESS:
ACCESSIBLE FORMAT	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other:
SECTION II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, go to Section III. If not, complete the rest of this section.		
What is your name?	What is your relationship to complainant?	
Why are you filing this complaint on behalf of another party?		
Do you have permission to file this complaint from the complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION III:		
I believe the discrimination I experienced was based on race (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of alleged discrimination (MM/DD/YYYY):		
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. include the names and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form or a blank piece of paper and attach to this form.</p>		

SECTION IV:		
Have you previously filed a Title VI complaint with Seniors on the Move?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that applies and list date: MM/DD/YYYY		
<input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Local Agency _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Court _____		
If you answered "Yes" to 15, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address		
Telephone:	Email:	

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

Signature and date are required below to complete form:

Signature: _____ Date: _____

Please submit this form in person or mail this form to the address below:

Seniors on the Move
City of Norco
Title VI Coordinator
Alejandra Gonzalez Marshall
AGMarshall@ci.norco.ca.us