



Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States 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 subjected to discrimination under any program or activity receiving federal financial assistance.”

The requested information will assist us in processing your complaint. Please let us know if you require any assistance in completing this form.

Complete and return this form to:
County of Ventura - Public Works Agency
Hall of Administration Bldg., 3rd Floor
Attention: Jeff Palmer - Title VI Coordinator
800 South Victoria Avenue #1600
Ventura, CA 93009

1. Complainant's Name:

Address:

City:

State:

Zip Code:

Contact Number:

2. Person discriminated against (if someone other than the complainant)

Name:

Address:

City:

State:

Zip Code:

Contact Number:

3. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race/Color:

b. National Origin:

4. What date did the alleged discrimination take place?

5. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible.

6. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: No:

If yes please check each box that applies:

Federal agency

Federal court

State agency

State court

Local agency

7. Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Address:

City:

State:

Zip Code:

Contact Number:

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

Complainant's Signature

Date