



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.

Your Name:

LAST Name, First Middle	Home Phone	Work Phone
Mailing Address	City/Zip	Cell Phone

Name of Person Discriminated Against (if different from above):

LAST Name, First Middle	Home Phone	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 the discrimination occurred:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> Age | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Other _____ |

