



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 Atwater. 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 Atwater, please provide the following information. Your complaint will be investigated, and you will receive a reply. All complaints must be received within ninety (90) days of the discrimination.

Name:

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

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

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

Witnesses Names:

Last, First, Middle	Address/City/Zip	Phone Number (home/work/cell)
Last, First, Middle	Address/City/Zip	Phone Number (home/work/cell)

Please check off why you believe the discrimination occurred:

Race or Color ☐ Age ☐ National Origin ☐
Sex ☐ Disability ☐ Other _____

Give a brief narrative of the events that led to this complaint. Include the type of corrective action you would like to see taken. Additional sheets may be added.

Your Signature

Date

Please attach any documents you have which support the complaint.

Mail to: City of Atwater
Attn: Human Resources Director
1160 Fifth Street, Atwater, CA 95301
(209) 357-6204