CITY OF SONORA

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, national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal finance assistance."

The following information is necessary to assist us in processing your complaint. Please return the form to the Administration Department at the address noted below. If you need assistance in completing this form, please contact the Title VI Coordinator:

Title VI Coordinator
City of Sonora
94 N. Washington Street
Sonora, CA 95370
(209) 532-4541
cgorsky@sonoraca.com

1. Complainant's Name:_____
2. Mailing Address:_____
3. City/State/Zip Code:_____
4. Telephone:_____
5. Person discriminated against (if different than the complainant):

   Name:_____

   Address:_____

   City/State/Zip Code:_____
6. Which of the following best describes the reason you believe the discrimination took place?
   a. Race _____
   b. Color _____
   c. National Origin _____
7. What date did the alleged discrimination take place?_____

8. In your own words, describe the alleged discrimination. Explain what happened and who you believe is responsible. Please use additional sheets of paper if necessary.

9. List any others who may have knowledge of this event:

   Name:

   Address:

   City/State/Zip Code:

10. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes___ No___

11. Please provide a contact name at the agency/court where the complaint was filed:

Please sign below:

Complainant's Signature: Date:

You may attach any written material or other information relevant to the complaint.