TITLE VI COMPLAINT FORM

County of Yolo

625 Court Street, Room 204, Woodland, CA 95695

(530) 666-8195

Complainant Name:__________________________________________________________

Address:____________________________________________________________________

Telephone:_________________ Email Address:____________________________________

Date of Violation:_____________ Place of Violation:______________________________

I feel the discrimination I experienced was based on: o Race   o Color   o National Origin

Please provide the name(s) of the Yolo County employee(s) who allegedly discriminated against you, if known:______________________________________________________________

Identify what Yolo County program, activity, or service you were using at the time you were allegedly discriminated against:______________________________________________________________

___________________________________________________________________________

Identify individuals by name, address and phone number that has information relating to the alleged violation:________________________________________________________________________

___________________________________________________________________________

Explain what happened and why you feel you were discriminated against. Please include how other individuals were treated differently from you. Use the back of this form if you need more space:______________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

______________________________________________________________ Date:__________

Signature of complainant: