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 Stockton. 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 Stockton, please provide the following information. Your complaint will be investigated, and you will receive a reply.

Your Name:

LAST Name, First Middle	Home Phone	Work Phone
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, First, Middle)	Address City/Zip	Phone Number (Home/Work/Cell)
Witness Name (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 _____

Date/Time Alleged Discrimination Occurred	Location of Occurrence

Give a brief narrative of the events that led to this complaint. You may add additional sheets as necessary.

What type of corrective action would you like to see taken?

Your Signature	Date

Please attach any documents you have which support the allegation.

Mail to: Connie Cochran, Public Information Officer, 425 North El Dorado Street, Stockton, CA 95202