



Shasta County Department of Public
Works
1855 Placer Street
Redding, CA 96001

TITLE VI DISCRIMINATION COMPLAINT FORM

Complainant's Name:

Street Address:

City/State/Zip: _____ Phone:

E-Mail Address:

Date of Violation: _____ Time of Violation:

Date of Complaint:

Place of Violation: _____ Bus Number: _____ Bus Route:

Discrimination because of: Race Color National Origin

Please provide the name(s) of the County employees who allegedly discriminated against you, including their job titles (if known).

Identify what County service, program, or activity did not comply with Title VI of the Civil Rights Act of 1964.

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

Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other individuals were treated differently from you.

Signature of Complainant: _____ *Date:* _____

