



Shasta County
1450 Court Street, Suite 348
Redding, CA 96001

TITLE VI DISCRIMINATION COMPLAINT FORM

Complainant's Name:

Street Address:

City/State/Zip:

Phone Number:

E-mail Address:

Date and Time of Violation:

Place of Violation:

Discrimination because of (check any that apply):

Race

Color

National Origin

Age

Sex

Disability

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: _____