

## **City of Lakeport Title VI Complaint Form**

Any person who believes he or she may have been discriminated against on the basis of race, color, national origin, sex, age, disability or socio-economic status may file a complaint. The complaint must be filed as soon as possible but no later than 180 days after the alleged discrimination date.

The Title VI Complaint form may be submitted to the City Manager, City of Lakeport, 225 Park Street, Lakeport, CA 95453.

Complete and return this form to: City of Lakeport, City Manager's Office, 225 Park Street, Lakeport, CA 95453.

| C  | omplainant's Name:                                                                                                 |             |            |  |
|----|--------------------------------------------------------------------------------------------------------------------|-------------|------------|--|
| A  | ddress:                                                                                                            |             |            |  |
| Ci | ity:                                                                                                               | State:      | Zip Code:  |  |
| Te | elephone Number (home):                                                                                            | (business): |            |  |
| Pe | Person discriminated against (if someone other than the Complainant):                                              |             |            |  |
| N  | lame:                                                                                                              |             |            |  |
| Ad | ddress:                                                                                                            |             |            |  |
| Ci | ty:                                                                                                                | State       | :Zip Code: |  |
|    | Which of the following best describes the reason you believe the discrimination too place? Was it because of your: |             |            |  |
|    | Race                                                                                                               |             | Age        |  |
|    | Color                                                                                                              |             | Disability |  |
|    | National Origin                                                                                                    |             | Other:     |  |
|    | Sex                                                                                                                |             |            |  |
| W  | /hat date did the alleged discrimination to                                                                        | ake place   | 2?         |  |

| 8.  | In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required. |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                                                                       |
|     |                                                                                                                                                                                       |
| 9.  | Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: 図 No: 図                                                        |
|     | If yes, check each box that applies: 🗵                                                                                                                                                |
|     | □ Federal agency □ Federal Court □ State agency □ Local agency                                                                                                                        |
|     | Please provide information about a contact person at the agency/court where the complaint was filed.                                                                                  |
|     | Name:                                                                                                                                                                                 |
|     | Address:                                                                                                                                                                              |
|     | City:Zip Code:                                                                                                                                                                        |
| 10. | Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.                                                            |
|     | Complainant's Signature Date                                                                                                                                                          |

In addition to the Title VI complaint process at City of Lakeport, a complainant may file a Title VI complaint with the Federal Transit Administration (FTA), Office of Civil Rights, Region IX, 201 Mission Street, Suite 1650, San Francisco, California 94105-1839