CITY OF COMMERCE

TITLE VI COMPLAINT FORM
CITY OF COMMERCE

The City of Commerce is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (323) 722-4805, ext. 2335. The completed form must be returned to The City of Commerce, Danilo Batson, Title VI Coordinator, 2535 Commerce Way, Commerce, CA, 90040.

Your Name:	Date of Incident:
Phone:	Alt. Phone:
Your Street Address, City, State & Zip Code:	
Name(s) of person(s) discriminated against (other than complainant):	
Their Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and titles of all Commerce employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

_____

_____

_____

Please describe the alleged discrimination incident (continued):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Have you filed a complaint with any other federal, state or local agencies? Yes / No (Circle one)
If so, list agency/agencies and contact information below:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

I affirm that I have read/written the above charge and that it is true to the best of my knowledge, information and belief.

_____ _____ _____

Complainant's Signature: Complainant's Name (Print) Date

Office Use	Date Received: _____	Received By: _____