**City of Pendleton**

**TITLE VI COMPLAINT FORM**

**Use this form to file Title VI Complaint(s) with the City of Pendleton**

|  |
| --- |
| **SECTION I** |
| Name: |
| Address: |
| Telephone (Home): | Telephone (Work/Cell): |
| E-Mail Address:  |
| Accessible Format Requirements-- | Large Print |  | Audio Tape |  |
| TDD |  | Other |  |
| **SECTION II** |
| Are you filing this complaint on your own behalf? | [ ] Yes**\*** | [ ] No |
| **\***If you answered “yes” to this question, go to Section III |
| If your answer was “no”, please supply the name and relationship of the person for whom you are complaining: |  |
| Please explain why you have filed for a third party. |
| Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | [ ] Yes | [ ] No |
| **SECTION III** |
| I believe the discrimination was based on (check all that apply):[ ]  Race [ ]  Color [ ]  National Origin [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Alleged Discrimination (Month, Day, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use additional paper.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION IV** |  |  |  |  |
| Have you previously filed a Title VI complaint with this agency? | [ ] Yes | [ ] No |
| Have you filed this complaint with Federal, State or local agency, or with Federal or State court? | [ ] Yes | [ ] No |
| If yes, check all that apply:[ ]  Federal Agency [ ]  Federal Court[ ]  State Agency [ ]  State Court [ ]  Local Agency |
| Please provide contact information at the agency/court where the complaint was filed. |
| Name: | Title: |
| Agency: | Phone: |
| Address: |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form in person or mail this form to the address below:

City of Pendleton

ATTN: Human Resource Department

500 SW Dorion Ave., Pendleton, OR 97801