

TITLE VI Compliant Form

Office of Civil Rights

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact the Transportation Coordinator at (541) 957-3789.

Complete this form and return to:

Douglas County Health & Social Service
Attn: Transportation Division
621 W Madrone St.
Roseburg, OR 97470-3090

Complainant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home) : _____ (Work): _____

Person(s) discriminated against (if other than complainant)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ (Work): _____

What is the discrimination based on?

- Race/Color National Origin Sex Disability
 Low Income Limited English Proficiency

Date of the alleged discrimination: _____ Location:

Agency or person that who was responsible for alleged discrimination:

Describe the alleged Discrimination. Explain what happened and whom you believe was responsible (for additional space, attach additional sheets of paper to this form.

List names and contact information of persons who may have knowledge of the alleged discrimination.

How can this complaint be resolved? How can the problem be corrected?

Please sign and date. The complaint will not be accepted if it is has not been signed. You may attach any written materials or other supporting information that you think is relevant to your compliant.

Signature

Date
