

City of Hermiston

TITLE VI COMPLAINT FORM



Where Life is Sweet

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

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?			<input type="checkbox"/> Yes*	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION III				
I believe the discrimination was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed this complaint with Federal, State or local agency, or with Federal or State court?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:				
<input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> 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 Hermiston
 ATTN: Human Resource Department
 180 NE 2nd Street., Hermiston, OR 97838