



City of Lakewood
Title VI Program

Civil Rights Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the ground of race, color and national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The following information is necessary to assist the City of Lakewood in processing a complaint related to a violation of the 1964 Civil Rights Act. Should you require assistance in completing this form, please contact the City Manager's Office at 562-866-9771.

Complete and return this form to: City of Lakewood, City Manager's Office, 5050 Clark Avenue, Lakewood, California 90712.

Complainant's Name: _____

1. Address: _____

2. City: _____ State: _____ Zip Code: _____

3. Telephone Number (home): _____ (cell): _____

4. Person discriminated against (if someone other than the Complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

5. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- | | |
|---|--|
| <input type="checkbox"/> a. Race | <input type="checkbox"/> f. Sex |
| <input type="checkbox"/> b. Color | <input type="checkbox"/> g. Age |
| <input type="checkbox"/> c. National Origin | <input type="checkbox"/> h. Disability |
| <input type="checkbox"/> d. Religion | <input type="checkbox"/> i. Medical Condition |
| <input type="checkbox"/> e. Marital Status | <input type="checkbox"/> j. Sexual Orientation |

6. What date did the alleged discrimination take place? _____

7. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use an additional sheet of paper if additional space is required.

8. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: No:

If yes, please check each box that applies:

Federal agency Federal court State agency

State court Local agency

9. Please provide information about a contact person at the agency/court where the complaint was filed:

Name: _____

Address: _____

City: _____ State: _____ 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