



City of La Habra Heights Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the united States shall, on the ground of race, color or 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 us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to Title VI Coordinator, City of La Habra Heights, 1245 N. Hacienda Rd., La Habra Heights, California 90631.

1. Complainant's Name: _____

2. Mailing Address: _____

3. City/State/Zip Code: _____

4. Telephone: _____

5. Person discriminated against (if other than complainant):

Name: _____

Address: _____

City/State/Zip Code: _____

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

a. Race: _____

b. Color: _____

c. National Origin: _____

d. Other (Please Explain): _____

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

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe to be responsible. Please use additional sheets of paper if necessary.

9. List any others who may have knowledge of this event:

Name	Address	City/State/Zip Code
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10. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: No:

If yes, check each box that applies:

Federal Agency <input type="checkbox"/>	Federal Court <input type="checkbox"/>	State Agency <input type="checkbox"/>
State Court <input type="checkbox"/>	Local Agency <input type="checkbox"/>	

11. Please provide a contact name at the agency/court where the complaint was filed:

Please sign below:

Complainant's Signature: _____ Date: _____

You may attach any written materials or other information that may be relevant to your complaint.