



County of Los Angeles Department of Public Works TITLE VI – CIVIL RIGHTS COMPLAINT FORM

The County of Los Angeles Department of Public Works is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, sex, age, disability, religion, sexual orientation, or gender identity, as provided by Title VI of the Civil Rights Act of 1964, as amended and other nondiscrimination laws and authorities. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact us by calling (626) 458-7901.

Name:	Date of Incident:
Phone:	Alt. Phone:
Your Street Address, City, State & Zip Code:	
Name(s) of person(s) discriminated against (other than complainant):	
Street Address, City, State & Zip Code (other than complainant):	

I believe the discrimination I experienced was based on (check all that apply):

Race___ Religion___ Sex___ Color___ Gender Identity ___

Age___ National Origin ___ Disability ___ Sexual Orientation___

Please describe the alleged discrimination incident. Provide the names and titles of all employees or contractors involved, if available. Explain what happened and whom you believe was responsible. Please attach additional pages if required.

**County of Los Angeles Department of Public Works
Title VI – Civil Rights Complaint Form**

Have you filed a complaint with any other Federal, State, or local agencies? Yes / No
(Circle one)

If so, list agency/agencies and contact information below:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

I affirm that I have read/written the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature Complainant's Name (Print) Date

Please mail this form to:

County of Los Angeles Department of Public Works
Administrative Services Division – Title VI Coordinator
900 S. Fremont Avenue, 9th Floor
Alhambra, CA 91803