

Title VI Complaint Form
Stanislaus Council of Governments (StanCOG)
Office of Compliance

StanCOG 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, age, gender, or disability pursuant to Title VI of the Civil Rights Act of 1964, as amended. 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 StanCOG at (209) 525-4600. The completed form must be returned to StanCOG, Title VI Coordinator, 1111 "T" Street, Suite #308, Modesto, CA 95354.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State and Zip Code:
Person(s) Discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State and Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Check one)

- | | |
|--|--------------------------------|
| <input type="checkbox"/> RACE | <u>Date of Incident:</u> _____ |
| <input type="checkbox"/> COLOR | |
| <input type="checkbox"/> NATIONAL ORIGIN (LIMITED ENGLISH PROFICIENCY) | <u>Time of Incident:</u> _____ |
| <input type="checkbox"/> AGE | |
| <input type="checkbox"/> GENDER | |
| <input type="checkbox"/> DISABILITY | |

Please describe the alleged discrimination incident. Provide the names and titles of all StanCOG employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

(Complete next page of form)

**Stanislaus Council of Governments (StanCOG)
Office of Compliance**

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state, or local agencies? (Check one)

YES

NO

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: _____

I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's Signature:

Date:

Print or Type Name of Complainant

Date Received: _____
Received By: _____