



## City of Alameda

### TITLE VI COMPLAINT FORM

Name of Complainant		Home Telephone	
Home Address Street City State Zip		Work Telephone	
Race/Ethnic Group	Sex	Email Address	
Person discriminated against (if other than Complainant)		Home Telephone	
Home Address Street City State Zip		Work Telephone	

**1. SPECIFIC BASIS OF DISCRIMINATION** *Check appropriate box(es):*

Race       Color       National Origin

**2. DATE OF ALLEGED DISCRIMINATORY ACT(S)** \_\_\_\_\_

**3. RESPONDENT (individual complaint is filed against)**

Name	
Position	Work Location

**4. DESCRIBE** how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper.

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**5. Did you file this complaint with another federal, state or local agency; or with a federal or state court?**

Yes     No

If answer is yes, check each agency complaint was filed with:

Federal Agency Federal Court State Agency State Court Local Agency

Date Filed: \_\_\_\_\_

**6. Provide contact person information for the additional agency or court:**

Name	
Address Street City State Zip	Telephone

*Sign complaint in the space below. Attach any supporting documents.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City of Alameda**  
**Attn: Transportation Planning Division**  
**2263 Santa Clara Ave, Room 190**  
**Alameda, CA 94501**  
**(510) 747-6819**  
[transportation@alamedaCA.gov](mailto:transportation@alamedaCA.gov)