

City of Paramount Civil Rights Complaint Form

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home): _____ (business): _____

5. Person discriminated against (if someone other than the 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 your:

a. Race b. Color c. National Origin

d. Sex e. Age f. Disability

g. Religion h. Medical Condition i. Marital Status

j. Sexual Orientation

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 was responsible. Please use the back of this form if additional space is required.

9. 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 Federal court State agency
State court Local agency

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

Name: _____

Name of Agency/Court: _____

Address: _____

City: _____ State: _____ Zip Code: _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

Complete and return this form to:

City of Paramount, Title VI Compliance Manager, Administrative Services Department

16400 Colorado Avenue, Paramount, CA 90723

City Title VI Compliance Use Only

Date Received: _____ Received/Recorded by: _____

Date Assigned: _____ Assigned/Investigated by: _____

Date Closed: _____ Closed/Filed by: _____

Disposition:

