



TITLE VI COMPLAINT FORM

County of Yolo

625 Court Street, Room 204, Woodland, CA 95695

(530) 666-8195

Complainant Name: _____

Address: _____

Telephone: _____ Email Address: _____

Date of Violation: _____ Place of Violation: _____

I feel the discrimination I experienced was based on: Race Color National Origin

Please provide the name(s) of the Yolo County employee(s) who allegedly discriminated against you, if known: _____

Identify what Yolo County program, activity, or service you were using at the time you were allegedly discriminated against: _____

Identify individuals by name, address and phone number that has information relating to the alleged violation: _____

Explain what happened and why you feel you were discriminated against. Please include how other individuals were treated differently from you. Use the back of this form if you need more space: _____

Signature of complainant: _____ Date: _____