

County of Los Angeles – Workforce Development, Aging and Community Services TITLE VI COMPLAINT



SECTION I: COMPLAINANT INFORMATION				
First Name: Last N	lame:			
Home Phone:	Work/Cell Phone:			
Current address:				
City: State:	ZIP Code:			
ACCESSIBLE FORMATS	REQUIRED (CHECK ALL THAT APPLY)			
Large Print Audio TapeTOD	Other (Specify):			
SECTION II: INFORMATION ON THIRD PARTY FILER				
Are you filing this complaint on your own behalf	(please circle)? YES NO			
If you answered "YES" to the question above, go to Section IV. If you answered "NO" please supply the name and relationship of the person for whom you are complaining:				
First Name: Last N	lame:			
Please explain why you have filed for a third par	rty.			
party (please circle).	on of the aggrieved party if you are filling on behalf of a third YES NO			
SECTION	III: COMPLAINT HISTORY			
Have you previously filed a Title VI complaint (please circle)? YES NO				
If yes, what was the complaint number?	Complaint number:			
Please note: This information is needed for adm the new complaint.	inistrative purposes we will assign the same complaint number to			
Transit Provider:				
Department of Transportation:				
Department of Justice:				
Equal Employment Opportunity Commission:				
Other (be specific):				
Have you ever filed a lawsuit regarding your cor	nplaint (please circle)? YES NO			
Please note: This information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issue, we defer to the decision of the court.				
SECTION IV: DESCRIPTION OF DISCRIMINATION				
Which of the following best describes the reason your (please check all that apply):	n you believe the discrimination took place? Was it because of			
RaceNational OriginAge	Gender or Gender ExpressionSexDisability			
ReligionMarital Status	Sexual OrientationMedical Condition			

SECTION V: RELEASE OF INFORMATION				
May we release a copy of your complaint to the transit provider (please circle)?	YES	NO		
May we release your identity to the transit provider (please circle)?		NO		
SECTION VI: SIGNATURE				
Signature:				
Printed Name:				
Date:				
Note: We cannot accept your complaint without a signature.				

Please submit this form with attachments in person at the address below or mail the form to:
Departmental Human Resources Manager
WDACS
3175 6th Street
Los Angeles, CA 90020