

# Joint Powers Authority Title VI Complaint Form

## COMPLAINT FORM

<b>Section I: Your Contact Information (Please write legibly)</b>		
1. Your Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone (Optional):	
4. Email Address:		
<b>Section II:</b>		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "YES" to No. 6, go to Section III.		
7. If you answered "NO" to No. 6, Please provide Contact Information about person(s) who experienced the prohibited discrimination, intimidation or retaliation: Name(s):		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
<b>Section III:</b>		
11. I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Creed	<input type="checkbox"/> Sex	<input type="checkbox"/> Age
12. Please provide Information about the person(s) who performed the alleged prohibited act(s)		
Name:		
Agency or Organization:		
Date of alleged Discrimination (mm/dd/yyyy):		
13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please attach additional sheets of paper.		



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Sign and Date Below (A signature is required to process your complaint.)

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

If you are not able to sign, please check here: [ ]

Please submit this form in person or mail this form to the address below:

Sharon Koike  
Interim Title VI Compliance Officer  
Finance Department  
310-412-5257  
[skoike@cityofinglewood.org](mailto:skoike@cityofinglewood.org)