



CITY OF EMERYVILLE
1333 PARK AVENUE
EMERYVILLE, CALIFORNIA, 94608-3517

Title VI Complaint Form

The City of Emeryville is committed to ensuring that no person is **excluded from participation in or denied the benefits of its programs, services or activities on the ground of race, color or national origin**, as stated by Title VI of the Civil Rights Act of 1964, as amended. The City of Emeryville is not a principal recipient, nor a transit operator and if you have a concern with AC Transit, Amtrak or Emery Go Round you should contact these operators directly. AC Transit can be reached at: (510) 891-5470 Amtrak is available at (800) 872-7245 and Emery Go Round's number is (510) 451-3862.

If you believe that your Title VI rights have been violated by the City of Emeryville, you may use this form to file a complaint with the City of Emeryville. Title VI complaints should be filed as close to the date of the alleged discrimination as possible, but no later than 180 days.

The following information is necessary to assist us in processing your complaint. The completed form must be returned to: City of Emeryville, 1333 Park Avenue, Emeryville, CA 94608. You may also file a complaint by phone at: 510-596-4300

In case you need assistance filling out this form, please contact us

Your Name:	
Street Address, City, State, Zip:	
Your Phone: ()	Alternate Phone: ()
E-mail Address:	
Name of person(s) discriminated against (if others beside yourself are discriminated against please include whatever you know about them):	
Street Address, City, State and Zip:	

Which of the following best describes the reason you think the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)



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Please describe the alleged discrimination incident. Provide the names and title of any City of Emeryville employee who may have been involved. Please explain what happened and who you believe was responsible. Please attach a letter if additional space is required.

Have you filed a complaint with any other agency? (Circle one) Y / N

If so, please list agency contacted and information below:

Agency:	Contact Name:
Street Address:	Phone:
City:	State, Zip:

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief:

Signature

Date