



The City of Rio Vista is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. 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.

| | | | | |
|--|-------------|--|-------------------|----|
| Section I: Contact Information | | | | |
| Name: | | | | |
| Address: | | | | |
| Telephone (Home): | | | Telephone (Work): | |
| Email Address: | | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |
| Section II: Filing for Another Person | | | | |
| Are you filling out this complaint on your own behalf? | | | Yes* | No |
| *If you answered "yes" to this question, go to Section III | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | |
| Please explain why you have filed for a third Party: | | | | |
| | | | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | Yes | No |
| Section III: Complaint | | | | |
| 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 | | | | |
| Date of Alleged Discrimination (Month, Day, Year): _____ | | | | |
| 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, use additional sheets. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please submit this form in person or electronically to the address below.

City of Rio Vista

Robin Borre

One Main Street

Rio Vista, CA 94571

707-374-6451

rborre@ci.rio-vista.ca.us