

Yuma County / Yuma County Department of Human Services Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Yuma County of the Yuma County Department of Human Services Title VI Coordinator.

Name _____

Address _____ City _____ Zip _____

Phone/Home: _____ Work: _____ Mobile: _____

Email: _____

Basis of Complaint (circle all that apply):

Race	Color
Ethnic or National Origin	Ancestry
Age	Sex/Gender
Sexual Orientation	Gender Identity/Expression
Religion	Creed
Political Beliefs	Disability
Retaliation	Other:

Who discriminated against you?

Name _____

Name of Department/Unit _____

Address _____ City _____ Zip _____

Phone _____

How were you discriminated against? (Attach additional pages, if more space is needed.)

Where did the discrimination occur?

Dates and times discrimination occurred.

Were there any other witnesses to the discrimination? If, so

Name	Organization/ Title	Work Phone	Home Phone

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court? If so,

Who filed _____ Date filed _____

Status (pending/resolved, etc.) _____ Result, if known _____

Complaint number, if known _____

Do you have an attorney in this matter? _____ If so,

Attorney's Name _____ Phone _____

Address _____ City _____ Zip _____

Your signature: _____ Date: _____