

Appendix C TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in city services, please provide the following information in order to assist us in processing your complaint and sent it to:

City of Lock Haven
Leonora M. Hannagan
Title VI Coordinator
20 East Church Street
Lock Haven, PA 17745

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____(home) _____(cell)

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Please indicate why you believe the discrimination occurred:

- | | |
|-----------------------|-----------------------|
| _____ race or color | _____ familial status |
| _____ national origin | _____ retaliation |
| _____ sex | _____ other |
| _____ age | |
| _____ disability | |

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw them _____

Please list any and all witnesses' names and phone numbers: _____

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

City of Lock Haven
Leonora M. Hannagan
Title VI Coordinator
20 East Church Street
Lock Haven, PA 17745

Your signature

Print your name

Date