

**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  
Planner & Development Coordinator/  
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 \_\_\_\_\_

\_\_\_\_\_

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Please list any and all witnesses' names and phone numbers: \_\_\_\_\_

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

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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  
Planner & Development Coordinator/  
Title VI Coordinator  
20 East Church Street  
Lock Haven, PA 17745

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date