Public Works
LOS ANGELES COUNTY

Los Angeles County Public Works
TITLE VI DISCRIMINATION INQUIRY / COMPLAINT FORM

Public Works is committed to ensuring compliance with Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities, that no person shall be excluded from participation in or be denied the benefits of or be subjected to discrimination under any program or activity on the grounds of race, color and national origin or other non-discrimination authorities that protect individuals from discrimination based on sex, age, disability, religion, sexual orientation, or gender identity in federally assisted programs and activities. Public Works will conduct an initial review and address the inquiry internally. Should the matter rise to the level of a formal complaint, it will then be escalated to Caltrans for further processing.

Title VI inquires / complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your inquiry / complaint. If you require any assistance in completing this form, please contact us by calling (626) 979-5333.

Name:	Date of Incident:
Phone:	Alt. Phone:
Your Street Address, City, State & Zip Code:	
Name(s) of person(s) discriminated against (other than complainant):	
Street Address, City, State & Zip Code (other than complainant):	

I believe the discrimination I experienced was based on (check all that apply):

Title VI: Race ☐ Color ☐ National Origin ☐

Other Non-Discrimination Protected Categories: Age ☐ Disability ☐ Religion ☐
Sexual Orientation ☐ Gender ☐ Gender Identity ☐ Other _____

Please describe the alleged discrimination incident. Provide the names and titles of all employees involved, if available. Explain what happened and whom you believe was responsible. Please attach additional pages if required.

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Have you filed a complaint regarding this issue with any other Federal, State, or local agencies?

Yes ◯ / No ◯ (Select one)

If so, list agency/agencies and contact information below:

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

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

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

By signing below, I confirm that the information on this form is true to the best of my knowledge.

Complainant's Signature	Complainant's Name (Print)	Date

Please return this form to:

Los Angeles County Public Works
Title VI Manager
Workforce Support Division – 9th Floor
900 South Fremont Avenue, Alhambra, CA 91803