



Marion County **OREGON**

PUBLIC WORKS

TITLE VI COMPLAINT FORM

BOARD OF COMMISSIONERS

Sam Brentano
Kevin Cameron
Janet Carlson

DIRECTOR

Alan Haley

ADMINISTRATION

BUILDING INSPECTION

EMERGENCY MANAGEMENT

ENGINEERING

ENVIRONMENTAL SERVICES

OPERATIONS

PARKS

PLANNING

SURVEY

Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Marion County Public Works at (503)588-5036.

Complete this form, print, sign, and return to:

Marion County Public Works
5155 Silverton Road NE
Salem, OR 97305

Complainants Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

Person(s) discriminated against (if other than complainant)

Complainant Name: _____

Address: _____

Phone: _____

Alternative Phone: _____

What is the discrimination based on?

- | | | | |
|-------------------------------------|--|------------------------------|-------------------------------------|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Limited English Proficiency | | |

Date of the alleged discrimination: _____

Location: _____

Agency or person that was responsible for alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (for additional space, attach additional sheets of paper to this form).

List names and contact information of persons who may have knowledge of the alleged discrimination.

How can this complaint be resolved? How can the problem be corrected?

Please print, sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Signature

Date