



Our mission is to protect, foster,
develop and advance the rights
and interests of people with
developmental disabilities.
www.valleyvillage.org

20830 Sherman Way
Winnetka, CA 91306
TEL 818.587.9450
FAX 818.587.9184
TAX ID # 23-7314159

Title VI Complaint Form

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please let us know. This complaint form may also be found on our website. www.valleyvillage.org

1. Complainant's Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number: _____

4. E-mail Address: _____

5. Person discriminated against (if someone other than the Complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What is your relationship with this individual?

7. Please explain why you are filing for a third party:

8. Have you obtained the permission of the aggravated party to file on their behalf?

Yes:

No:

9. Which of the following best describes the reason you believe the discrimination took place?

Was it because of your:

- a. Race b. Color c. National Origin
d. Sex e. Age f. Disability
g. Religion h. Medical Condition i. Marital Status
j. Sexual Orientation

10. Date of alleged discrimination: _____

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

11. Have you previously filed a Title VI complaint with Valley Village?

Yes: No:

12. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes: No:

If yes, check each box that applies:

Federal agency Federal court State agency
State court Local agency

13. Have you previously filed a Title VI complaint with Valley Village?

Yes:

No:

14. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes:

No:

If yes, check each box that applies:

Federal agency

Federal court

State agency

State court

Local agency

15. If you answered "yes" to #14 please provide information about a contact person at the agency/court where the complaint was filed.

Name & Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Please sign and date below. This is required to complete this form. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

Please submit this form in person or mail to the address below:
Valley Village- Title VI Human Resources Department
20830 Sherman Way
Winnetka, CA 91306