

TITLE VI Complaint/Grievance Form

Title VI of the Civil Rights Act

Check One: Complaint/Grievance Comment/Question

Person Responsible for Request

Contact Person for Requesting Party

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Circle preferred Method of Contact (US Mail, telephone, e-mail, other)

Please do not contact me personally (see contact-person information above).

Please specify the bases in which you feel discrimination took place (race, color, national origin):

Please provide description of the alleged discrimination, who you feel is responsible, and the date it happened:

Please attach additional pages, photographs, sketches, or other information, if necessary.

Signature: _____ Date: _____

Name: _____

RETURN THIS FORM TO:

City of Moreno Valley
Human Resources Division Manager
14177 Frederick Street
P.O. Box 88005
Moreno Valley, CA 92552-0805
HR@moval.org

Upon request, reasonable accommodation will be provided to assist in completing this form.

Contact the Human Resources Division Manager at the address listed or via telephone at 951-413-3045 or E-mail at HR@moval.org.

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