



Social Services Title VI Complaint Form

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 Clackamas County Social Services at 503-655-8640.

Complete this form and return via:

Mail/In-Person Clackamas County Social Services Division
Attn: Administrative Services Manger
2051 Kaen Road
Oregon City, OR 97045

Email teresachr@clackamas.us

FAX 503-655-8889

Complainant Information

Complainants Name: _____ Phone: _____
Address: _____ Email: _____
City: _____
State: _____
Zip Code: _____

Person(s) Discriminated Against (if other than complainant)

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____
State: _____
Zip Code: _____

Incident information

On which of the following is the discrimination based?

Race Color National Origin Other

Date of Alleged Discrimination: _____ Location: _____

Agency or person who 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).

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

Please 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 _____