

Please provide information about a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Address:

Phone/e-mail:

Section 6

Name of agency complaint is against:

Contact person:

Title:

Phone/e-mail:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

City of Dixon, HR Manager/Title VI Coordinator
600 East A Street
Dixon, CA 95620