



ACCESS SERVICES
TITLE VI COMPLAINT FORM

Access Services is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Access Services' Human Resources Manager by calling (213) 270-6000. The completed form must be mailed or delivered to:

Access Services
Human Resources Manager
P.O. Box 5728
El Monte, CA 91734

1. Personal Information

Access Services Customer ID Number

Last Name First Name Middle Initial

Home street address City State Zip Code

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Home phone number Alternate phone number

Name(s):

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

Street address, City State Zip Code

2. Alleged Discrimination Information

Date of Incident Location of Incident

Which of the following best describes the reason the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (example: Limited English Proficiency)

