MUNICIPALITY OF YAUCO
CIVIL RIGHTS COMPLAINT FORM
(Disponible también en Español)

This form may be used to file a complaint with the Municipality of Yauco based on violations of the Civil Rights Act of 1964. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name:_____ Date:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ (home) _____ (work)

Individual(s) discriminated against, if different than above (use additional pages if needed).

Name:_____ Date:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ (home) _____ (work)

Please explain your relationship with the individual(s) indicated above and reason for filling for them:_____

_____

Name of agency and department or program that discriminated:

Agency or department name:_____

Name of Individual (if known):_____

Address:_____

City:_____ State:_____ Zip:_____

Date(s) of alleged discrimination:

Date discrimination began _____
Last or most recent date, if has occurred more than once _____ **ALLEGED DISCRIMINATION:**

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

____Race _____ ____ Color _____

____National Origin _____

_____Disability_____

Explain:

Please explain, as clearly as possible, what happened. Provide the name(s) of witness (es) and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written material pertaining to your case).

_____

_____

_____

_____

_____

_____

_____

Have you previously filled a Civil Rights complaint with this agency? _____ yes _____ no Have you filled this same complaint with the state or federally? _____ yes _____ no (If yes, then state the other agency where complaint has been filled _____)

Signature: _____ Date: _____

Please submit this form by mail:
P.O. Box 01 Yauco, P.R. 00698-0001

Note: *The Municipality of* Yauco *prohibits retaliation or intimidation against anyone because that individual has either acted or participated in action to secure rights protected by policies of the Municipality. Please inform the Federal Programs Director or the Director of Transit System if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*