PRIDE Industries

Human Resources Office 10030 Foothills Blvd. MS #8 Roseville, CA 95747

TITLE VI COMPLAINT FORM

PRIDE Industries is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its service on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 ("Title VI").

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have any questions, please call the Office of Diversity and Equal Opportunity at 212-340-3355. Once completed, please return a signed and dated copy to:

PRIDE Industries Human Resources Department 10030 Foothills Blvd., MS #8 Roseville, CA 95747

To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

SECTION I - Complainant Information
Name
Name:Address:
Home Phone #:
Work Phone #:
Cell Phone #:
E-mail:
SECTION II – Third Party Information
Are you filing this complaint on your behalf? YES / NO If YES, please proceed to SECTION III.
If NO, Please provide the name, contact information and relationship of the person for whom you are complaining.
Name:Relationship
Name:Relationship Contact Info:
Contact Info:
Contact Info: Please explain why you have filed for the third party:
Contact Info:
Contact Info: Please explain why you have filed for the third party:
Contact Info: Please explain why you have filed for the third party:
Contact Info: Please explain why you have filed for the third party: SECTION III – Complaint Information

SECTION III – Complaint Information - Continued
Please explain as clearly as possible what happened, and why you believe you were discriminated against. Please describe all persons who were involved and include the name and contact information of the person(s) who discriminated against you (if known). If more space is needed, please use the back of the form or attach additional sheets of paper.
Did anyone witness the alleged act? If so, please list the witness(es) and contact information below:
Name:Contact #:
Name:Contact #:
SECTION IV – Other Agency Information
Have you previously filed a complaint with this office?YESNO
Have you filed this complaint with any other Federal, state or local agency; or within any federal or state court?
YES NO
f yes, Please check all that apply:
Federal AgencyState AgencyLocal AgencyFederal CourtState Court
Please provide information about a contact person at the agency/court where the complaint was filed:
Name:Title:
Address:
Phone:
If you have filed this complaint with any court or administrative agency, such as the United States Equal Employment Opportunity Commission (EEOC), the California Department of Fair Employment and Housing, or any other external Forum, PRIDE Industries will administratively close your case and refer the matter to the PRIDE Industries' Legal Department for handling.
hereby swear/affirm that the information in this complaint form is true and correct to the best of my knowledge, information, and belief.
Complainant's Signature Date
OFFICIAL USE ONLY:
PRIDE Industries # Investigator's Name: