

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: _____
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 _____
Contact Info: _____

Please explain why you have filed for the third party: _____

SECTION III – Complaint Information

I believe the discrimination I experienced was based on (Check all that apply)

Race Color National Origin Other

Incident Date (Month, Day, Year): _____ Incident Time: _____
Incident Location: _____

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? _____ YES _____ NO

Have you filed this complaint with any other Federal, state or local agency; or within any federal or state court?

_____ YES _____ NO

If yes, Please check all that apply:

_____ Federal Agency _____ State Agency _____ Local Agency _____ Federal Court _____ State 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.

I 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: _____