



**Victor Treatment Centers**  
**Title VI non – discrimination program**  
**Complaint of discrimination**

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the Complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race  b. Color  c. National Origin

7. What date did the alleged discrimination take place? (MM/DD/YY) \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Describe all persons who were involved. Included the name and contact information of the person/s) who discriminated against you (if know) as well as names and contact information of any witnesses. Explain what happened and why you believe you were discriminated against. Please use the back of this form if additional space is needed.

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9. Have you filled this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes:  No:

If yes, check each box that applies:

Federal Agency  Federal Court  State Agency   
State Court  Local Agency

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Extension: \_\_\_\_\_

11. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

X

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

This completed form to via mail or in person to:

Victor Treatment Centers

Region Director

36 South Kinneloa Ave

Suite 100

Pasadena, CA 91107

This form may also be faxed to 626-609-2909

Or via email at [kim.diep@victor.org](mailto:kim.diep@victor.org)

