Title VI Complaint Form

Complainant Information



Title VI is a statute provision of the Civil Rights Act of 1964. Title VI requires that "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." [42 U.S.C. §2000d]

If you believe you have been discriminated against because of your race, color, or national origin, you may file a written Title VI complaint within 180 days of the alleged discriminatory act(s). To do so, you may complete this form (attach additional pages, if necessary) and submit it to the Title VI Coordinator using one of the contact methods that appear at the end of this form. **Note**: The use of this complaint form is not mandatory. You may submit your written complaint in any form that includes your signature. Any person requiring a reasonable accommodation may contact the Title VI Coordinator to obtain assistance in filing a complaint. Contact information is provided at the end of this form and online at www.sandiego.gov/titlevi. In addition, procedures that describe how the City of San Diego handles formal Title VI complaints are available on the same webpage.

•	
Name:	
Mailing Address:	
Telephone:	
Email Address:	
What is the most co	onvenient method and time for us to contact you about this complaint?
Attorney Informati	on
If you have an attor	ney representing you, please provide their contact information below.
Name:	
Firm Name:	
Mailing Address:	
Telephone:	
Email Address:	
Basis of Discrimina	tory Action(s)
Check the box(es) f	or the type(s) of discrimination you allege to have experienced.
Race	Color National Origin



Date and locat	ion of alleged discriminatory action(s)
Please include	the earliest and the most recent date of the alleged discrimination.
Date	Location
-	discriminated against? Note: Please attach additional pages, if necessary.
Describe the na	ature of the action, decision, or conditions of the alleged discrimination.
Evnlain as clea	rly as possible, what happened and why you believe your protected status (basis) was a factor in the
discrimination.	
Include how otl	her persons were treated differently from you.
N	
Name(s) and tit	tle(s) of individual(s) who you believe are responsible for the discriminatory action(s):
Names of indiv	riduals (i.e., witnesses, fellow employees, supervisors, or others) that we may contact for additional
	support or clarify your complaint (please include their contact information):
	and the second s
The laws prohib	bit retaliation against anyone because they have taken action, or participated in an action, to secure
•	d by these laws. If you feel you have been retaliated against (separate from the discrimination alleged
•	explain the circumstances below. Please explain what actions you took that you believe were the
basis for the all	legation.
What remedv. ه	or action, are you seeking for the alleged discrimination?
	, ,



•	d, or do you intend to gency, State agency, f	•	e or complaint regarding the matters raised in this complaint with , or State court?
Yes	No If y	es, check all t	that apply and specify:
	_		ency:
		State agen	cy:
		Federal co	urt:
		State cour	t:
	Ple	ase attach ac	dditional pages, if necessary.
If you have al	lready filed a charge o	or complaint,	please provide the following information:
Agency/Cou	rt:		Attorney Name:
Address:			Firm Name:
Date Filed:			Address:
Case Numb	er:		Telephone:
Date of Trial/Hearing:			Status of Case:
Please provio	de any additional info	rmation that	you believe would assist in the investigation.
•	nd date the complain ease attach the addit		r. If you need additional space to provide information about this ation to this form.
Signature of Complainant			Date
	it completed form and nline at <u>www.sandieg</u> e		ments to the Title VI Coordinator. Contact information is provided
U.S. Mail: Tit	le VI Coordinator	Email:	titlevi@sandiego.gov
20	2 C Street, MS 8A	Fax:	619-533-3320
Sa	n Diego, CA 92101	Phone:	619-629-9073

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