Title VI Complaint Form

Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. As President John F. Kennedy said in 1963:

> "Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination."

South San Francisco is committed to ensuring that no person is excluded from participation in, or denied the benefits of, its services on the basis of race, color, or national origin (including Limited English Proficiency). Any person who believes they, individually, or as a member of any specific class of individuals, have been discriminated against based on one of these categories may file a complaint with the City's Title VI Coordinator. A Title VI complaint must be filed within one hundred eighty (180) days after the date of the alleged discriminatory incident.

The following information is necessary to assist the City in processing your complaint. Please print, complete and sign this form. If you need assistance, please call the Title VI Coordinator at 650-877-8500. Complaints may be filed via email, through U.S. Mail, or in person during City Hall office hours.

Mail or in person: City of South San Francisco
Title VI Coordinator
400 Grand Avenue
South San Francisco, CA 94080

Email: TitleVI@ssf.net

SECTION 1 - CONTACT INFORMATION

Name: _____

Street address: _____

City, state, zip code _____

Telephone number(s): _____

E-mail: _____

SECTION 2 - FILING FOR ANOTHER PERSON

Are you filing this complaint on your own behalf? ☐ Yes ☐ No
[If you answered "yes" to this question, go to Section 3]

If not, please provide the name and relationship of the person for whom you are filing the complaint:

_____

_____

Have you obtained permission from this person? ☐ Yes ☐ No

Please explain why you have filed for this person:

_____

_____

SECTION 3 - COMPLAINT

What is the basis of the alleged discrimination? Please check all that apply.

☐ Race ☐ Color ☐ National Origin ☐ Limited English Proficiency

When did the alleged discrimination take place (month, day and year)?

_____

_____

Where did the alleged discrimination take place? Please include specific information such as address, vehicle number, or other.

_____

_____

Were there any witnesses to the incident? ☐ Yes ☐ No

If yes, please provide the name(s) and contact information for any witnesses, if available.

_____

_____

_____

In your own words, describe the alleged discrimination. Explain what happened, how you were discriminated against, and who you believe was responsible. Include the name, job title, and contact information of the person(s) who allegedly discriminated against you (if known). If more space is needed, please use additional sheets.

Do you have any other information that you think is relevant to our investigation of your allegations? You may attach any written materials that you think may be relevant to your complaint.

What remedy are you seeking for the alleged discrimination?

Have you filed similar complaints of discrimination in the past? ☐ Yes ☐ No

If yes, please give a brief description, including the date, agency, persons involved, and outcome.

_____

_____

_____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____ ☐ Federal Court: _____
☐ State Agency: _____ ☐ State Court: _____
☐ Local Agency: _____ ☐ Local Court: _____

If yes, please provide contact information for the agency/court where the complaint was filed.

Name: _____

Agency/Court: _____

Address: _____

Telephone number(s): _____

E-mail: _____

SECTION 4 – SIGNATURE

Please sign below to attest to the truthfulness of the above allegations.

_____ _____

Signature Date