

## TITLE VI COMPLAINT FORM

*Complete and return this form to:*

*City of San Fernando, Title VI Compliance Division, 117 Macneil Street, San Fernando, CA 91340-2993*

### TITLE VI COMPLAINT PROCESS

Title VI of the 1946 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the ground 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. The City of San Fernando also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation.

In addition to utilizing the Civil Rights complaint process at the City of San Fernando, a Complainant may file Title VI complaint concerning race, color or national origin discrimination with the Federal Transit Administration (FTA), Office of Civil Rights, Region IX, 201 Mission Street, Suite 1650, San Francisco, California 94105-1839. A Complainant may file an Americans with Disabilities Act (ADA) complaint with the FTA, Director, FTA Office of Civil Rights, East Building – 5<sup>th</sup> Floor, TCR, 1200 New Jersey Ave., SE, Washington, DC 20590. Complainants may also contact the FTA ADA Assistance Line at 888.446.4511 (voice) or through the Federal Information Relay Service at 800.877.8339 or by electronic mail at [FTA.ADAAssistance@dot.gov](mailto:FTA.ADAAssistance@dot.gov). The FTA ADA Complaint form is available at [http://www.fta.dot.gov/civilrights/12875\\_14816.html](http://www.fta.dot.gov/civilrights/12875_14816.html).

The complaint must be filed no later than 180 calendar days following the alleged discriminatory incident. If you complete and submit your complaint on time the Title VI Compliance Division will investigate your allegations and get back to you as soon as possible with a response. The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please contact Kenneth Jones, Title VI Compliance Manager at 818.898.1222.

### TITLE VI COMPLAINT FORM

1. COMPLAINANT'S NAME

2. ADDRESS

3. CITY

4. STATE & ZIP CODE

5. HOME PHONE

6. BUSINESS PHONE

7. NAME OF PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAN THE COMPLAINANT)

8. ADDRESS

9. CITY

10. STATE & ZIP CODE

11. WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON YOU BELIEVE THE DISCRIMINATION TOOK PLACE? WAS IT BECAUSE OF YOUR:

- |  |                                      |   |  |  |
|--|--------------------------------------|---|--|--|
| <input type="checkbox"/> a. Race       | <input type="checkbox"/> b. Color    | <input type="checkbox"/> c. National Origin   | <input type="checkbox"/> d. Sex            | <input type="checkbox"/> e. Age                |
| <input type="checkbox"/> f. Disability | <input type="checkbox"/> g. Religion | <input type="checkbox"/> h. Medical Condition | <input type="checkbox"/> i. Marital Status | <input type="checkbox"/> j. Sexual Orientation |

12. WHAT DATE DID THE ALLEGED DISCRIMINATION TAKE PLACE?

13. IN YOUR OWN WORDS, DESCRIBE THE ALLEGED DISCRIMINATION. EXPLAIN WHAT HAPPENED AND WHOM YOU BELIEVE WAS RESPONSIBLE. PLEASE USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS REQUIRED.

14. HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER FEDERAL, STATE, OR LOCAL AGENCY; OR WITH ANY FEDERAL OR STATE COURT?  
 14.1. IF YES, CHECK EACH BOX THAT APPLIES:  
 a. Yes     b. No     a. Federal Agency     b. Federal Court     c. State Agency     d. State Court     e. Local Agency

15. PLEASE PROVIDE INFORMATION ABOUT A CONTACT PERSON AT THE AGENCY/COURT WHERE THE COMPLAINT WAS FILED:  
 a. NAME

b. ADDRESS	c. CITY	d. STATE & ZIP CODE
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16. PLEASE SIGN BELOW. YOU MAY ATTACH ANY WRITTEN MATERIALS OR OTHER INFORMATION THAT YOU THINK IS RELEVANT TO YOUR COMPLAINT.

COMPLAINANT'S SIGNATURE	DATE
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**CITY TITLE VI COMPLIANCE DIVISION USE ONLY**

DATE RECEIVED	RECEIVED/RECORDED BY
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DATE ASSIGNED	ASSIGNED/INVESTIGATED BY
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DATE CLOSED	CLOSED/FILED BY
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DISPOSITION

