

TITLE VI COMPLAINT FORM

The City of Coalinga is committed to ensuring compliance with Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities, that no person shall be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity on the grounds of race, color, national origin, sex, age, disability, religion, sexual orientation, or any other category protected by State or Federal law. If you believe you have been discriminated against, please complete this form.

Note: This procedure does not apply to complaints of discrimination in employment. If this is an employment related complaint, please contact the Personnel Department at (559) 935-1533.

Section I:				
Name of Complainant:				
Address:				
Telephone (Home):		Telephone (Cell):		
Email Address:				
Accessible Format Requirements?	Large Print	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>
	TDD	<input type="checkbox"/>	Other (Describe)	<input type="checkbox"/>
Section II:				
Are you filing this Complaint on your own behalf?		<input type="checkbox"/> Yes*		<input type="checkbox"/> No
*If you answered "yes" to this question, please proceed to Section III.				
If not, please provide your name and your relationship to the complainant:	Name of Representative:		Relationship to Complainant:	
Please explain why you have filed on behalf of the complainant:				
Please confirm that you have obtained the complainant's permission to file this complaint on their behalf:		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Disability	
<input type="checkbox"/> Religion	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> *Other	
*If you selected "Other", please describe:				
Date of the Alleged Discrimination (Month, Day, Year):				

Section III (continued):		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
Section IV:		
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Section V:		
*If you answered "Yes" in Section IV, have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please check all that apply (and describe):	<input type="checkbox"/> Federal Agency:	
<input type="checkbox"/> Federal Court:	<input type="checkbox"/> State Court:	
<input type="checkbox"/> State Agency:	<input type="checkbox"/> Local Agency:	
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone:	
Address:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this completed form either in person or via mail to the address below, or via email to:

Title VI Coordinator
 City of Coalinga
 155 Durian
 Coalinga, CA 93210
TitleVI@coalinga.com