



# Title VI Complaint Form

**When completed, submit the original signed form or letter in person or by mail to:**

Tim Watkins, Chief of Legislative and Public Affairs  
San Bernardino Associated Governments  
1170 W. 3<sup>rd</sup> Street, Second Floor  
San Bernardino, CA 92410-1715

**Questions?**

Phone: (909) 884-8276  
California Relay Service 7-1-1 (for TTY users)

**1. Contact Information**

Complainant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**What are the most convenient days and times for us to contact you about this complaint?**

**2. Basis of Discriminatory Action(s):**

Check all categories below that apply to the act(s) of discrimination.

a	<input type="checkbox"/>	Race
b	<input type="checkbox"/>	Color
C	<input type="checkbox"/>	National Origin (Please indicate your national origin.):

**3. Date and place of alleged discriminatory action(s).**

Include the earliest date of discrimination and the most recent date of discrimination:

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_

**4. How were you discriminated against?**

Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).

**5. Names of individuals responsible for the discriminatory action(s):**

\_\_\_\_\_

**6. Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint.**

(Attach additional page(s), if necessary).

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____



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**7. Has this complaint been filed with any other Federal, State, or local investigative agency?**

**No**     **Yes** If “yes,” please provide the following information:

Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

**8. Please provide any additional information that you believe would assist in the investigation:**

**Please sign and date this form ▼.**

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**Signature of Complainant**

**Date**