TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act 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." If you wish to submit a Title VI complaint to the City of San Joaquin, please complete the below information and submit this form to:

City of San Joaquin
21900 Colorado Avenue
San Joaquin, CA 93660
(599) 693-4311
matthewf@cityofsanjoaquin.org

Name:

Address:

City: State: Zip Code:

Cell: Home:

Name, title, and description of person(s) who allegedly discriminated against you:

Check the box(es) for the type(s) of discrimination that was experienced:

☐	Race	☐	Sex	☐	Religion
☐	Color	☐	Age	☐	Sexual Orientation
☐	National Origin	☐	Disability	☐	Gender Identity
☐	Other (Please Describe):				

Date(s) that alleged event(s) took place:

Location(s) where the alleged event(s) took place:

Is the alleged discrimination still ongoing?:

In your own words, please describe the alleged discrimination, explain what happened, and who you believe is responsible:

Please list any person(s) we may contact for additional information to provide further information for your complaint:

Have you filed this complaint with any other federal agency, state agency, federal court, or state court?:

If yes, please check all that apply:

- ☐ Federal Agency
- ☐ State Agency
- ☐ Federal Court
- ☐ State Court

Please provide the name, phone number, and email of the contact persons at the agency/court where the complaint was filed, below:

Please sign and date this form on the lines provided below. If any additional space is needed to provide information about this complaint, please attach the additional information to this form.

Signature: Date: