



Community Partners IN CARING
120 East Jones Street, Ste 123
Santa Maria, CA 93454
(805) 925-0125

DISCRIMINATION COMPLAINT FORM (Title VI)

Section I.

Name:

Address:

Telephone (Home):

Telephone (Work):

E-Mail Address:

Accessible Format
Requirements? (check all needed)

Large Print

TDD

Audio Tape

Other

Section II:

Are you filing this complaint on your own behalf?

Yes*

No

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

Section III.

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons and events 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.

