



240 East Roemer Way
 Santa Maria, CA 93454
 (805) 922-8476

DISCRIMINATION COMPLAINT FORM (Title VI)

Section I.			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-Mail Address:			
Accessible Format Requirements? (check all needed)	Large Print		Audio Tape
	TDD		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 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.			

