



**City of Costa Mesa
Title VI Discrimination Complaint Form**

Title VI of the Civil Rights Act of 1964 states that, "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Any person who believes that he/she, or as a member of a specific class of persons, has been discriminated against by the City of Costa Mesa on the basis of race, color, national origin, sex, age, or disability may file a complaint of discrimination under Title VI and related statutes.

To file a complaint, please provide the following information necessary in order to process your complaint. Form must be complete with signature. Assistance in filling out this form is available upon request. Mail Completed Form to:

Human Resources Manager, Title VI Coordinator
City of Costa Mesa
P.O. Box 1200
Costa Mesa, CA 92628

1. Complainant's Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Home Phone: _____ Cell Phone: _____

4. Email Address: _____

5. Date of alleged discrimination: _____ Time of Incident: _____

6. Which of the following best describes the reason(s) you believe the discrimination took place? Check all that apply:

<input type="checkbox"/>	Race	<input type="checkbox"/>	Color	<input type="checkbox"/>	National Origin
<input type="checkbox"/>	Sex	<input type="checkbox"/>	Age	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Other (Please explain):				

7. Describe the alleged discrimination. Explain what happened and who was responsible.
*Please attach additional sheets of paper if necessary.



8. What City of Costa Mesa representative(s) is the person alleging was/were involved?

9. Where did the incident take place? Please provide location, name of facility, address, etc.

10. If there were witnesses, please provide their contact information.

Witness Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Witness Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

11. Did you file this complaint with any other federal, state, or local agency; or with a federal or state court? Yes: _____ No: _____

If yes, check each box that applies:

<input type="checkbox"/>	Federal Agency	<input type="checkbox"/>	Federal Court	<input type="checkbox"/>	State Agency
<input type="checkbox"/>	State Court	<input type="checkbox"/>	Local Agency	<input type="checkbox"/>	Other (Specify):

12. Provide a contact person's information for the agency you also filed the complaint with:

Contact Person: _____ Agency: _____

Phone: _____ Date Filed: _____

Sign and date the complaint in the spaces below. Attach any supporting documents.

Complainant's Signature: _____ **Date:** _____

**Attach any written materials or other information that may be relevant to your complaint.*