City of Santa Monica
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 Santa Monica Public Works Department, please complete the below information and submit this form to:

Nina Dam, Title VI Coordinator
City of Santa Monica, PW Department
1685 Main Street, Mail Stop15
Santa Monica, CA 90401

Or email: sm.engineering@santamonica.gov

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Section I:		
Complainant's Name:		
Street Address:		
Telephone (Home):	I Telephone (Work):	
Email Address:		
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 you answered "no," 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	[ ] Disability
[ ] Sex	[ ] Age	[ ] Medical Condition
[ ] Religion	[ ] Sexual Orientation	[ ] National Origin
[ ] Marital Status	[ ] Other	

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.

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Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [ ] Yes [ ] No If yes, check all that apply: [ ] Federal Agency [ ] Federal Court [ ] State Court [ ] State Agency [ ] Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____ _____

Signature Date