



CITY OF CARPINTERIA TITLE VI COMPLAINT FORM

You have the right to file a complaint if you believe you have been discriminated against by a City program or service based on your race, color, or national origin.

Please use this form to provide details about the incident. Complaints must be filed within 180 days of the alleged discrimination.

COMPLAINANT INFORMATION

- Full Name:
- Mailing Address:
- City / State / Zip Code:
- Primary Phone:
- Email Address:

BASIS OF YOUR COMPLAINT

I believe I was discriminated against because of my (check all that apply):

- ☐ Race (Required for Title VI)
- ☐ Color (Required for Title VI)
- ☐ National Origin (including language) (Required for Title VI)
- ☐ Disability (Handled under the ADA)
- ☐ Sex (Handled under Title IX)
- ☐ Age (Handled under the Age Discrimination Act)
- ☐ Other:

COMPLAINANT & WITNESS INFORMATION

- Date of the Alleged Discrimination:
- City Department, Program, or Service Involved:
(e.g., "Public Library," "City Bus," "Planning Department Counter")
- Were there any witnesses? ☐ Yes ☐ No

Please list any witnesses (Name / Phone or Email):

Witness 1:

Witness 2:

- Explain as clearly as possible what happened, when it happened, and why you believe you were discriminated against. Include how you were treated differently than others, as well as, any name(s) and title(s) of City Employee(s) Involved (if known):

- Have you filed this complaint with any other federal, state, or local agency?
☐ Yes ☐ No ***If yes, please list the agency and the date filed:***

Agency:

Date Filed:

DESIRED RESOLUTION

What outcome or resolution are you seeking as a result of this complaint?

(e.g., "I want an apology," "I want the staff member retrained")

SIGNATURE

By signing, I certify that the information that I have provided is true and correct to the best of my knowledge.

Signature

Date