APPENDIX C: TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, national origin, gender, age, or disability, 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 feel you have been discriminated against in Santa Barbara Association of Governments (SBCAG) services, please provide the following information in order to assist us in processing your complaint and send it to:

Provide address here (Please	print clearly):		
Name:			
Address:			
City, State, Zip Code:			
Telephone Number:	(home)	(cell)	(work)
Person discriminated against:			
Address of person discriminate	ed against:		
City, State, Zip Code:			
Please indicate why you believe Race Race Color National Origin Gender Age Disability Other What was the date of the alleg Where did the alleged discrimi	ed discrimination? nation take place? nces as you saw it:		
Please list any and all witness		mbers:	

Have you previously filed a Title VI complaint with this agency?
[] Yes [] No
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 and print the name:
[] State
[] Federal Agency
[] Federal Court
[] State Court
[] Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:
Lauren Bianchi Klemann
Title VI Coordinator Santa Barbara County Association of Governments
260 N. San Antonio Road, Suite B Santa Barbara, CA 93110
Ganta Barbara, OA 30110
Your signature Date
Print your name