

Exhibit C: Title VI Complaint Form

Title VI is a statute provision of the Civil Rights Act of 1964. Title VI 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.” [42 U.S.C.§2000d]

If you believe you have been discriminated against because of your race, color, or national origin, you may file a written Title VI complaint within 180 days of the alleged discriminatory act(s). To do so, you may complete this form (attach additional pages, if necessary) and submit it to the Title VI Coordinator. Any person requiring a reasonable accommodation may contact the Title VI Coordinator to obtain assistance in filing a complaint. Contact information is provided at the end of this form.

Complainant Information

Name:

Mailing Address:

Telephone:

Email Address:

What is the most convenient method and time for us to contact you about this complaint?

Attorney Information

If you have an attorney representing you, please provide their contact information below.

Name:

Firm Name:

Mailing Address:

Telephone:

Email Address:

Basis of Discriminatory Action(s)

Check the box(es) for the type(s) of discrimination you allege to have experienced.

☐ Race	☐ Color	☐ National Origin	☐ Sex	☐ Age	☐ Sexual Orientation
☐ Religion	☐ Disability	☐ Gender Identity	☐ Other:		

Date and location of alleged discriminatory action(s)

Please include the earliest and the most recent date of the alleged discrimination.

Date	Location

How were you discriminated against? Note: Please attach additional pages, if necessary. Describe the nature of the action, decision, or conditions of the alleged discrimination.

Explain, as clearly as possible, what happened and why you believe your protected status (basis) was a factor in the discrimination.

Include how other persons were treated differently from you.

Name(s) and title(s) of individual(s) who you believe are responsible for the discriminatory action(s):

Names of individuals (i.e., witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint (please include their contact information):

The laws prohibit retaliation against anyone because they have taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Please explain what actions you took that you believe were the basis for the allegation.

What remedy, or action, are you seeking for the alleged discrimination?

Have you filed, or do you intend to file, a charge or complaint regarding the matters raised in this complaint with any federal agency, State agency, federal court, or State court?

☐ Yes ☐ No

If yes, check all that apply and specify:

- ☐ Federal agency:
- ☐ State agency:
- ☐ Federal court:
- ☐ State court:

Please attach additional pages, if necessary.

If you have already filed a charge or complaint, please provide the following information:

Agency/Court: Attorney Name:

Address: Firm's Name:

Date Filed: Firm's Address:

Case Number: Telephone:

Date of Trial/Hearing: Status of Case:

Please provide any additional information that you believe would assist in the investigation.

Sign and date the complaint form below. If you need additional space to provide information about this complaint, please attach the additional information to this form.

Signature of Complainant

Date

Please submit the completed form and any attachments to the Title VI Coordinator. Contact information is provided below.

Sacramento County Department of Transportation

Attn: Title VI Coordinator

Administration Office

4111 Branch Center Road

Sacramento, CA 94530

Email: TRD.Title.VI@saccounty.gov