



City of Chula Vista: Title VI Civil Rights Act, Discrimination

APPENDIX B - COMPLAINT FORM

Complainant's Name		Today's Date	
Address			
Email		Phone Number	

IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE COMPLAINT ON YOUR BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED.

Representative's Name			
Address			
Email		Phone Number	
Date of Alleged Incident		Time of Alleged Incident	
Location/Address of Alleged Incident			

Describe Your Complaint and Why You Believe You Were Discriminated Against: (attach additional pages if necessary)

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If the Alleged Incident Involved a State/Federal Agency(s), list name(s):

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Name and Contact Information of Witnesses, if applicable:

Name		Phone Number	
Name		Phone Number	

State requested remedy to your complaint: (attach additional pages if necessary)

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Have you previously filed a Title VI complaint with the City of Chula Vista?  YES  NO

Have you filed this complaint with any other Federal, State or local agency, or with any other Federal or State Court? If so, state where?

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I affirm that the above is true to the best of my knowledge, information and belief.

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Signature *(Complainant or his/her authorized representative)* Date

Note: Acknowledgement of receipt of complaint will be provided within 5 calendar days after receipt of complaint. (See Complaint Process for further details). Filing this complaint with the City of Chula Vista does not prevent you from filing a complaint with other State or Federal Agencies providing federal funding to the party against which a complaint is being lodged. For additional information on location of state and federal offices, contact the City's Title VI Coordinator.

**Please print, complete and submit form to:**

City of Chula Vista  
Attn: Title VI Coordinator  
Director of Human Resources/Risk Manager  
276 Fourth Avenue, Bldg. C  
Chula Vista, CA 91910