

CITY OF LAGUNA NIGUEL

TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground 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."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to the City of Laguna Niguel Public Works Department, Attn: Title VI Coordinator, 30111 Crown Valley Parkway, Laguna Niguel, CA 92677.

SECTION 1: Please write legibly		
Complainant Name:		
Street Address:		
City:	State:	Zip Code:
Phone (home):	Phone (cell or other):	

SECTION 2:		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes," go to Section 3.		
If you answered "no," what is the name of the person for whom you are filing this complaint?		
What is your relationship with this individual?		
Please explain why you have filed for a third party:		
Have you obtained permission of the aggrieved party to file on their behalf?	Yes	No

SECTION 3:

I believe the discrimination that I experienced was based on (*check all that apply*):

Race National Origin Color Age Sex Disability

Date of alleged discrimination (*mm/dd/yyyy*):

Time of incident:

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of the allegations. Please provide any other documentation that is relevant to this complaint. If more space is needed, please attach additional sheets of paper.

SECTION 4:

Have you previously filed a Title VI Complaint with the City of Laguna Niguel?	Yes	No
Have you filed a lawsuit regarding this complaint?	Yes	No

SECTION 5:

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:

<input type="checkbox"/> Federal Agency:	<input type="checkbox"/> Federal Court:
<input type="checkbox"/> State Agency:	<input type="checkbox"/> State Court:
<input type="checkbox"/> Local Agency:	

If you answered "yes" to the above, provide the information about a contact person at the agency/court where the complaint was filed.

Name:	Title:		
Agency:			
Address:			
City:		State:	Zip:
Telephone:	Email:		

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

Signature

Date

If you are not able to sign, please check here: []

Mail or deliver this form to:

City of Laguna Niguel
Public Works Department
Attn: Title VI Coordinator
30111 Crown Valley Pkwy
Laguna Niguel, CA 92677
TitleVICoordinator@cityoflagunaniguel.org

Date Received:	By Whom:
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