

**CITY OF SAN LEANDRO**  
**Title VI of the Civil Rights Act of 1964**  
**Complaint Form**

Complaints must be filed within 180 days of the alleged act of discrimination.

**Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_

Telephone No. (Work): \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements? Check all that apply.

- Large print
- Audio Tape
- TDD
- Other \_\_\_\_\_

**Section II**

Are you filing this complaint on your own behalf? \_\_\_\_ Yes\* \_\_\_\_ No

\* If you answered "Yes" to this question go to Section III.

If not, please provide the name and relationship of the person for whom you are filing this complaint: \_\_\_\_\_

Please explain why you are filing for this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf. \_\_\_\_ Yes \_\_\_\_ No

**Section III**

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

- Race
- Color
- National Origin

Date of the alleged discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.

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### Section IV

Have you previously filed a Title VI complaint with this agency? \_\_\_\_ Yes \_\_\_\_ No

### Section V

Have you filled a complaint with any other Federal, State or local agency, or with any Federal or State Court? \_\_\_\_ Yes\* \_\_\_\_ No

\* If "Yes", check all that apply.

- Federal agency
- State Agency
- Federal Court
- State Court
- Local Agency

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

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

Note: City cannot accept your complaint without a signature

Please mail your completed form to:

Language Assist Coordinator  
City Manager's Office  
835 East 14th Street, Room 211 (second floor of City Hall)  
San Leandro, California 94577  
Facsimile: (510) 577-3340  
E-mail: LanguageAssist@sanleandro.org