



**SAN JOAQUIN COUNCIL OF GOVERNMENTS**

555 E. Weber Avenue • Stockton, California 95202

209.235.0600 • 209.235.0438 (fax)

[www.sjcog.org](http://www.sjcog.org)

*San Joaquin Council of Government (SJCOC) Title VI Complaint Form*

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

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email Address:				
Accessible Format Requirements: (Check all that apply)	Large Print	Audio Tape	TDD	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section II:</b>				
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 supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for the third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party	Yes		No	
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
Race [ ]	Color [ ]	National Origin [ ]		
Date of Alleged Discrimination (Month, Day, Year):				
In the space below, explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

<b>Section IV:</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V:</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, check all that apply:
<input type="checkbox"/> Federal Agency:	<input type="checkbox"/> State Agency:	<input type="checkbox"/> Local Agency:
<input type="checkbox"/> Federal Court:	<input type="checkbox"/> State Court:	
Please provide information about a contact person at the agency/court where the complaint was filed:		
Name:	Title:	
Agency:	Phone:	
Address:		
<b>Section VI:</b>		
Name of agency complaint is against:		
Contact Person:		
Title:		
Phone:		
You may attach any written materials or other information that you feel is relevant to your complaint.		
Signature and date required below:		
Signature:	Date:	
Please submit this form (in person or by mail) to: San Joaquin Council of Governments Title VI Coordinator 555 East Weber Avenue Stockton, CA 95202		