

## Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 (Title VI), as amended, and related statutes prohibit discrimination by Orange County Public Works (OCPW), on the basis of race, color, national origin, sex, disability, sexual orientation, religion or age in connection with programs or activities receiving federal financial assistance. Additionally, as a sub-recipient of Federal-aid funds from the United States Department of Transportation (USDOT) and pursuant to the Americans with Disabilities Act of 1990, OCPW is required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all the OCPW programs and activities.

If you believe that you have been discriminated against by OCPW in the provision of services based on your race, color, national origin, sex, disability, sexual orientation, religion or age you may file a complaint on this Title VI Discrimination Complaint Form. Complaints must be filed within **one hundred-eighty (180) calendar days** after you believe the discrimination occurred.

OCPW and its subrecipients, consultants, and contractors, irrespective of tier, are prohibited from retaliating against any individual because they opposed an unlawful policy or practice, or made charges, testified, or participated in any complaint action under Title VI, or other nondiscrimination authorities.

---

### Section 1: Complainant Information

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

Complainant's First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate Telephone: (\_\_\_\_) \_\_\_\_\_

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

---

## Section #2: Incident Details

Which best describes the reason you feel you were discriminated against (check all that apply):

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> Race  | <input type="checkbox"/> National Origin    |
| <input type="checkbox"/> Age   | <input type="checkbox"/> Disability         |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Sex   | <input type="checkbox"/> Sexual Orientation |

When and where did the alleged discrimination take place?

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

Location: \_\_\_\_\_

**Describe the incident in detail.** Include what happened, how you were treated differently, and who was involved. Please be as specific as possible and use additional sheets of paper if necessary.

---

---

---

---

---

---

---

---

---

---

---

### Section #3: Individuals Involved

Name(s) of individual(s) responsible for the alleged discriminatory action(s):

Name(s): \_\_\_\_\_

Name any others who may have witnessed this event, if possible include contact information:

Name(s): \_\_\_\_\_

### Section #4: Resolution Requested

What outcome or resolution are you seeking?

---

---

---

---

---

### Section #5: Other Filings

If you have filed a complaint about the same alleged discriminatory event with any of the following entities, please identify the entity and give the date of filing. Please note that if you filed a complaint with any of these other agencies, OCPW Title VI Coordinator is precluded from accepting and investigating your complaint. This applies to any complaint that you initially filed with the OCPW Title VI Coordinator and which you later file with an external agency.

- ☐ Equal Employment Opportunity Commission (EEOC)
- ☐ Department of Fair Employment and Housing (DFEH)
- ☐ Office of Civil Rights (OCR)
- ☐ U.S. Department of Justice
- ☐ California Attorney General
- ☐ Federal Court
- ☐ State Court
- ☐ Other Federal Agency (List): \_\_\_\_\_

## Submission Instructions

The signed complaint form can be mailed, emailed, or submitted in person. If the complainant is not able or not capable of providing a written statement, a verbal complaint will be accepted by the OCPW Title VI Coordinator. See contact information below. The complaint form must be signed by the complainant(s) or by designation of a representative for the complainant(s). Upon request, assistance with completing the form will be provided if you have limited English proficiency or a disability. Complaints may also be filed using alternate formats upon request.

County Administration South  
Atten: Title VI Program Coordinator  
601 N. Ross St. 4<sup>th</sup> Floor  
Santa Ana, CA 92701  
(714)667-1679  
[OCPWTitleVI@ocpw.ocgov.com](mailto:OCPWTitleVI@ocpw.ocgov.com)

Personal Information Notice Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the collected information may impact our ability to investigate your complaint and may delay processing of this form. No disclosure of personal information will be made unless permissible under applicable law. Everyone has the right upon request and proper identification to inspect all personal information maintained on the individual by an identifying particular.

First and Last Name: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form can be made available in alternative formats and languages upon request.