CAPITAL | SOUTHEAST
CONNECTOR JPA
Connecting Communities

Title VI Complaint Form

Basis of Discriminatory Action(s)

Check the box(es) for the type(s) of discrimination you allege to have experienced.

☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Age ☐ Sexual Orientation

☐ Religion ☐ Disability ☐ Gender Identity ☐ Other: _____

Date and location of alleged discriminatory action(s)

Please include the earliest and the most recent date of the alleged discrimination.

Date: _____
Location: _____

How were you discriminated against?

Note: Please attach additional pages, if necessary. Describe the nature of the action, decision, or conditions of the alleged discrimination.

_____
_____
_____

Explain, as clearly as possible, what happened and why you believe your protected status (basis) was a factor in the discrimination.

_____
_____
_____

Include how other persons were treated differently from you.

_____
_____
_____

Name(s) and title(s) of individual(s) who you believe are responsible for the discriminatory action(s):

_____
_____
_____

Names of individuals (i.e., witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint (please include their contact information):

_____
_____
_____

The laws prohibit retaliation against anyone because they have taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. **Please explain what actions you took that you believe were the basis for the allegation.**

_____
_____
_____

What remedy, or action, are you seeking for the alleged discrimination?

_____
_____

Have you filed, or do you intend to file, a charge or complaint regarding the matters raised in this complaint with any federal agency, state agency, federal court, or state court?

☐ Yes ☐ No

If yes, check all that apply and specify:

☐ Federal agency: _____

☐ State agency: _____

□ Federal court: _____

□ State court: _____

Please attach additional pages, if necessary.

If you have already filed a charge or complaint, please provide the following information:

Agency/Court: _____
Attorney Name: _____

Address: _____
Firm's Name: _____

Date Filed: _____
Firm's Address: _____

Case Number: _____
Telephone: _____

Date of Trial/Hearing: _____
Status of Case: _____

Please provide any additional information that you believe would assist in the investigation.

_____
_____
_____

Contact Information

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Sign and date the complaint form below. If you need additional space to provide information about this complaint, please attach the additional information to this form.

Signature of Complainant: _____ Date: _____

Please submit the completed form and any attachments to the Title VI Coordinator. Contact information is provided below.

Capital SouthEast Connector JPA
Attn: Title VI Coordinator
10640 Mather Blvd., Suite 120
Mather, CA 95655