



# City of Lodi Title VI & Related Statutes Discrimination Complaint Form

### PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L.93-579) and the Information Practices Act of 1977 (Civil Code Sections 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 requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

### SECTION 1

Name of Complainant: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

What is the most convenient time for us to contact you about this complaint? \_\_\_\_\_

Citizen  Employee  Applicant  Vendor

Accessible format requirements?  Large print  Audio tape  Other: \_\_\_\_\_

### SECTION 2

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

If you answered yes to this question, go to Section 3.

If not, please supply your name and your relationship to the person for whom you are complaining:

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

Please explain why you have filed for a third party: \_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party:  Yes  No

### SECTION 3

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

Race  Color  National Origin  Disability  Religion  Age  Sex  Sexual Orientation

Other: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

**Please include the earliest and most recent dates of discrimination.**

Name(s) & Title(s) of the person(s) I believe discriminated against me:

\_\_\_\_\_  
\_\_\_\_\_

**The action or decision which caused me to believe I was discriminated against is as follows:**

*(Please explain as clearly as possible what happened and why you believe your benefits were denied, delayed, or affected. Include how other persons were treated differently from you. Attach additional page(s), if necessary)*

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**Please list any and all witness names and phone numbers:**

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**Please state the remedy or action you are seeking for the alleged discrimination:**

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*The law prohibits retaliation against anyone because he/she has 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:*

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**SECTION 4**

Have you previously filed a Title VI & Related Statutes complaint with this agency?

Yes  No

**SECTION 5**

Have you filed, or intend to file, 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:

- U.S. Equal Employment Opportunity Commission  Dept. of Fair Employment & Housing
- Federal Highway Administration/ U.S. Dept. of Transportation (USDOT)  Federal Transit Administration/USDOT
- Federal or State Court  Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed:

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

Agency/Court: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date of Trial/Hearing \_\_\_\_\_

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

**Note: The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Please sign and date the complaint form below.**

**I certify that the above information is true and correct to the best of my knowledge.**

**Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return to:        Julia Tyack, City of Lodi Title VI Coordinator  
                                  221 W. Pine Street  
                                  PO Box 3006  
                                  Lodi, CA 95241-1910**

ADA Notice: Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA / Section 504 Coordinator at the address listed above, via telephone (209) 333-6700 or via Telecommunication Relay Service (TRS) by dialing 7-1-1, or via e-mail at [jwood@lodi.gov](mailto:jwood@lodi.gov)