

**City and County
of San Francisco**



Ed Lee, Mayor
Mohammed Nuru, Director



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San Francisco Public Works
Office of the Director
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San Francisco, CA 94102-4645

TITLE VI DISCRIMINATION COMPLAINT

Name of Complainant	Home Telephone: ()	Work Telephone: ()
Mailing Address		
What is the best time to contact you?		
Basis of Discrimination <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Other (please specify) _____	If you have a representative, please provide the following information: Name: _____ Firm Name: _____ Address: _____ Telephone Number: () _____	
Describe the circumstances of the alleged discrimination and include date(s).		
Please be sure to explain as clearly as possible the nature of the action, 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. (Attach additional page(s), if necessary).		
Names of individuals responsible for the discriminatory action(s):		
Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint:		
<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

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The laws prohibit 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. Please explain what actions you took which you believe were the basis for the allegation.

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

Has complainant filed a lawsuit regarding this complaint? If yes, please specify:

Have you filed, or intend to file, a charge or complaint regarding the matters raised in this complaint with any of the following?

Yes No If yes, check all that apply:

U.S. Equal Employment Opportunity Commission

Federal Highway Administration/U.S. Dept. of Transportation

Federal or State Court

Federal Transit Administration/U.S. Dept. of Transportation

Department of Fair Employment and Housing

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

Agency/Court: _____ Attorney Name: _____

Address: _____ Firm Name: _____

Date Filed: _____ Address: _____

Case Number: _____ Telephone Number: _(____)_____

Date of Trial Hearing: _____

Status of Case:

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

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.

Signature of Complainant:

Date of filing:

FOR OFFICE USE ONLY

Case #	Assigned Investigator	Action