Title VI Complaint Form

SGVCOG is committed to ensuring compliance with Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities, that no person shall be excluded from participation in or be denied the benefits or be subjected to discrimination under any program or activity on the grounds of race, color, national origin, sex, age, disability, religion, sexual orientation, or gender identity.

Title VI complaints must be filed within 180 days of the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact us (626) 457-1800.

Name:	Date of Incident:
Phone:	Email:
Your Street Address, City, State & Zip Code:	
Name(s) of person(s) discriminated against (other than complainant):	
Street Address, City, State & Zip Code (other than complainant):	

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

Title VI:
☐ Race ☐ Color ☐ National Origin

Other Non-Discrimination Protected Categories:
☐ Age ☐ Disability ☐ Sexual Orientation ☐ Gender ☐ Gender Identity
☐ Other

Date(s) that the alleged event(s) took place:

Location(s) where the alleged event(s) took place:

Please describe the alleged discrimination incident. Provide the names and titles of all employees involved, if known. Explain what happened and whom you believe is responsible. Please attach additional pages if required.

Is the alleged discrimination still ongoing?

Please list any person(s) we may contact for additional information on your complaint:

Have you filed this complaint with any other Federal agency, State agency, Federal or State court? If yes, check all that apply:

☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court

Please provide the name, phone number, and email address of the contact person at the agency/court where the complaint was filed:

By signing below, I confirm that the information on this form is true to the best of my knowledge.

Complainant Name	Complainant Signature	Date

Return this completed form to:
San Gabriel Valley Council of Governments
Title VI Coordinator
Administrative Services Department
1333 South Mayflower Avenue, Suite 360
Monrovia, CA 91016
Email: Admin@SGVCOG.org