

Title VI, ADA, And Other Federal Law Complaint Form

City of St. Augustine

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin, sex, religion, age, disability, or family status in any City program, service or activity in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the basis of **race, color or national origin**, be excluded in participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (42 U.S.C. Section 2000d).

Title VI guarantees fair treatment for all people and requires the City of St. Augustine to identify and address, as appropriate, disproportionately high and adverse discriminatory effects of its programs, policies and activities. In particular, the City provides reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services and information the City of St. Augustine provides.

Complaint No. (City use) : _____

Complainant's Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City / State: _____ Zip Code: _____

Email Address: _____

Person discriminated against, if different from Complainant:

Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

City / State: _____ Zip Code: _____

Email Address: _____

List type of discrimination (please check all that apply):

Race Color National Origin Disability Other (Please Describe)

Please indicate your race/color, if it is a basis of your complaint: _____

Please describe your national origin, if it is a basis of your complaint: _____

Location where incident of discrimination occurred: _____

Time and date when incident of discrimination occurred: _____

Name and Position/Title of the person who allegedly subjected you to discrimination:

In your own words, please describe the incident of alleged discrimination and explain
what happened and whom you believe is responsible (use separate sheets if necessary):

Did anyone else witness the incident? Yes No

If yes, please list all witnesses below (use separate sheets if necessary):

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone No.: _____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone No.: _____

Have you filed a complaint about this incident with any other Federal, State or Local agency?

Yes No

If yes, check all that apply and provide the date or dates when the complaint was filed:

Federal Agency

Date: _____

State Agency

Date: _____

Local Agency

Date: _____

Federal Court

Date:

<div[](<input type="checkbox"/> State Court

Date:

For each agency and/or court checked above, please identify the name and location of the agency and the name, address, telephone number and email address of a contact person at each agency and/or court:

Please read the following Affirmation and sign the Complaint below, including the date of your signature. Please attach to this Complaint Form any written materials or other information you believe is relevant to your complaint.

AFFIRMATION

I hereby swear/affirm that the information I have provided in this Title VI, ADA, and Other Federal Law Complaint Form is true and correct to the best of my knowledge, information and belief:

Your Signature

Date

Action Taken (to be completed by Title VI, ADA, and Other Federal Law Appointed Investigator):

Accepted for formal investigation on ____/____/____ Referred to another Department on ____/____/____

Rejected because: _____

Title VI, ADA, or Other Federal Law Appointed Investigator

Print Name

Date

Return the completed Complaint Form to:

Mailing Address:

City of St. Augustine
Attn: City Clerk
P.O. Box 210
St. Augustine, FL 32085-0210

Physical Address:

City of St. Augustine
Attn: City Clerk
75 King Street, 2nd Floor, Lobby B
St. Augustine, Florida 32084

Email Address:

CityClerk@CityStAug.com