

# 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: \_\_\_\_\_

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:

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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, 2<sup>nd</sup> Floor, Lobby B

St. Augustine, Florida 32084

**Email Address:**

[CityClerk@CityStAug.com](mailto:CityClerk@CityStAug.com)