City of Orinda Complaint Form (Title VI)

Name:				
Address:				
Telephone (Home/Cell):	Telephone (Work):			
Email:				
Your Relationship to City: £ Contractor £ Consultant £ Resident £ Other [specify] _____				
Date(s) and Time(s) of Incident(s):				
Location(s) of Incident(s):				
Name(s) of Person(s) you are Complaining against:				
Name(s) and Contact Information of Witness(es) who saw or heard the Incident(s) (attach additional pages if needed):				
I am alleging discrimination based on: £ Race £ Color £ National Origin £ Other [specify] _____				
Explain the incident(s) supporting your claim of discrimination, including what happened and facts supporting the discrimination was based on race, color, or national origin, as checked above (attach additional pages if needed):				
What would you like the City of Orinda to do as a result of your complaint -- what remedy or result are you seeking?				
Have you filed any prior complaints with the City of Orinda, a government agency, or court: £ Yes £ No [If yes, provide details, the agency or court, case number, date(s), and name and contact information (email and phone) for the City, agency, or court representative(s)] (attach additional pages if needed):				
Do you require an accessible format?	Large Print		Audio Tape	
	TTY/TDD		Other (specify	

Please contact the Title VI Coordinator for assistance or with questions. (Contact information at the bottom of this form).

Please attach any emails, photos, texts, or documents supporting your Complaint.

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

Your Signature Date

Send Original to the City of Orinda Title VI Coordinator (HR Manager) in person (22 Orinda Way) or by email and mail:

Email: gstaton@cityoforinda.org Phone: 925-253-4214
Mail: City of Orinda Title VI Coordinator (HR), 22 Orinda Way, Orinda, CA 94563

City of Orinda operates without regard to race, color, national origin, or other protected characteristics.