SAN FRANCISCO PUBLIC WORKS

Title VI Discrimination Complaint Form

This form is used to file a complaint alleging discrimination on the basis of race, color, national origin or other protected characteristics in programs or activities receiving federal financial assistance.

Title VI Formulario de Queja por Discriminación
Contáctenos para asistencia DPWTitleVI@sfdpw.org — (628) 271-3160

Title VI 歧視投訴表格
請聯絡我們以獲得協助 DPWTitleVI@sfdpw.org — (628) 271-3160

Title VI Porma ng Reklamo sa Diskriminasyon
Makipag-ugnayan sa amin para sa tulong DPWTitleVI@sfdpw.org — (628) 271-3160

Title VI Mẫu Khiếu Nại Phân Biệt Đối Xử
Liên hệ với chúng tôi để được hỗ trợ DPWTitleVI@sfdpw.org — (628) 271-3160

YOUR RIGHTS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color and national origin in programs and activities receiving federal financial assistance. Related statutes extend these protections to include age, sex and disability.

FILING DEADLINE

Complaints must be filed within **180 days** of the date of the alleged discriminatory act. Incomplete complaints—missing contact information, description of the incident or signature—cannot be processed.

WHERE TO FILE

You may file this complaint directly with San Francisco Public Works (see contact information at the end of this form) and/or with any of the following agencies:

- **Caltrans Office of Civil Rights, Title VI Branch:** Title.VI@dot.ca.gov
- **Federal Highway Administration (FHWA), Office of Civil Rights:** FHWA.TitleVIcomplaints@dot.gov—(202) 366-4000
- **Federal Transit Administration (FTA), Office of Civil Rights:** East Building 5th Floor–TCR, 1200 New Jersey Ave. SE, Washington DC 20590
- **U.S. Department of Justice, Civil Rights Division:** (202) 514-2000—justice.gov/crt

LANGUAGE ACCESS

This form and the complaint procedure are available in other languages and alternative formats (large print, audio, braille, TDD/TTY) at no cost. Contact the San Francisco Public Works Civil Rights Unit: DPWTitleVI@sfdpw.org—(628) 271-3160.

SECTION I — COMPLAINANT INFORMATION

Full Name (Last, First, MI)

Mailing Address (Street, City, State, ZIP)

Telephone (Home) | Telephone (Work/Cell)

Electronic Mail Address

SECTION II — THIRD-PARTY FILING

Are you filing this complaint on your own behalf? ■ Yes ■ No

*If **No**, complete the fields below. If **Yes**, proceed to Section III.*

Name of person on whose behalf you are filing

Relationship to that person

Please explain why you are filing on behalf of a third party:

Have you obtained the permission of the aggrieved party to file on their behalf? ■ Yes ■ No

SECTION III — ALLEGED DISCRIMINATION

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

■ Race ■ Color ■ National Origin

■ Age ■ Sex ■ Disability

■ Limited English Proficiency (LEP)

Date of Alleged Discrimination (MM/DD/YYYY)

Location / Address where incident occurred

Name(s) and contact information of person(s) who discriminated against you (if known):

Describe what happened and why you believe you were discriminated against. Include names and contact information of any witnesses. Attach additional pages if needed.

SECTION IV — PRIOR COMPLAINT WITH THIS AGENCY

Have you previously filed a Title VI complaint with San Francisco Public Works? ■ Yes ■ No

If Yes, provide the date and any case or reference number if known:

Date of prior complaint (MM/DD/YYYY)

Case / Reference Number

SECTION V — CONCURRENT FILINGS

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? ■ Yes ■ No

If Yes, check all that apply:

■ Federal Agency: ■ Federal Court: ■ State Agency:

■ State Court: ■ Local Agency: ■

If you filed with another agency or court, please provide a contact person:

Name _____ Title _____ Agency _____

Address _____ Telephone _____

SECTION VI — RESPONDENT INFORMATION

Agency complaint is against: San Francisco Public Works

Specific Department or Program (if known) _____ Name of Individual(s) Involved (if known) _____

Contact Person at Agency (if known) _____ Telephone Number _____

ATTACHMENTS AND SIGNATURE

You may attach any written materials or other information you believe is relevant to your complaint. Please list any attachments below:

Attachment(s): _____

Certification: I certify that the information provided in this complaint is true and correct to the best of my knowledge, and that I have authority to file this complaint.

_____ _____

Signature Date (MM/DD/YYYY)

SUBMIT THIS FORM TO:
San Francisco Public Works
ATTN: Civil Rights Unit
49 South Van Ness Ave., Ste. 16, San Francisco, CA 94103
Email: DPWTitleVI@sfdpw.org—Phone: (628) 271-3160

Upon receipt, San Francisco Public Works will forward your complaint to the Caltrans Office of Civil Rights within one business day, as required by the FHWA Guidance Memorandum on Processing of Title VI Complaints (June 13, 2018). You will receive a written acknowledgement.