

**CITY OF SAN MARCOS
TITLE VI GRIEVANCE FORM**

Grievant's Name: _____ Today's Date _____

Address: _____

Email Address: _____ Telephone/Cell Number: _____

IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE GRIEVANCE ON YOUR BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED.

Representative's Name: _____

Address: _____

Email Address: _____ Telephone/Cell Number: _____

Date of Alleged Incident: _____ Time of Alleged Incident: _____

Location/Address of Alleged Incident: _____

Describe Your Grievance and Why You Believe You Were Discriminated Against: (attach additional pages if necessary)

If the Alleged Incident Involved a State/Federal Agency(s), list name(s):

Name and Contact Information of Witnesses, if applicable: _____

State requested remedy to your grievance: (attach additional pages if necessary)

Have you previously filed a Title VI grievance with the City of San Marcos? YES NO

Have you filed this grievance with any other Federal, State or local agency, or with any other Federal or State Court? If so, state where?

I affirm that the above is true to the best of my knowledge, information and belief.

Signature (Grievant or his/her authorized representative)

Date

Acknowledgement of receipt of grievance will be provided within 5 calendar days after receipt of grievance. (See Grievance Procedures for further details).

Filing this grievance with the City of San Marcos does not prevent you from filing a complaint with other State or Federal Agencies providing federal funding to the party against which a complaint is being lodged. For additional information on location of state and federal offices, contact the City's Title VI Coordinator.

Please print, complete and submit form to:

City of San Marcos
Attn: Title VI Coordinator
1 Civic Center Drive
San Marcos, CA 92069