

**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?**

NO

YES

**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?**

NO

YES

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

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Signature

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Date

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

Please print, complete and submit form to: City of San Marcos, Attn: Title VI Coordinator  
1 Civic Center Drive San Marcos, CA 92069

*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.*