

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.

Signature

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.