

Title VI Complaint Form

Complainant Contact Information <i>Please provide your name and contact information.</i>	
Name:	
Address:	
City:	
State:	Zip:
Preferred Phone Number:	Phone Type: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone
Email Address:	
Date of Birth:	

Are you filing this complaint on your own behalf?

☐ Yes

☐ No

What is the most convenient time and way for us to contact you about this complaint?

What is this complaint about?

☐ Race

☐ Color

☐ National origin (Including limited English proficiency)

☐ Sex (including sexual orientation or gender identity)

☐ Creed

☐ Age

Date & Time of the alleged discrimination

Date: _____

Time (approximate): _____

Please explain what happened and why you believe you were discriminated against. Describe all persons who were involved and detail any other relevant information.

(Add any additional sheets, if necessary)

Have you filed this complaint with any other federal, state, or local agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the names of the agencies you have already filed with
Federal Agency Name:
State Agency Name:
Local Agency Name:

Please sign and date below

Your signature is required to process your complaint

 Print Name

 Signature

 Date

Mail this signed form and along with any additional sheets to the address below, or email to jvilinkas@sjgov.org.

**Stockton Metropolitan Airport
 Attn: Civil Rights
 5000 S. Airport Way
 Suite 202
 Stockton, CA 95206**