

HOW TO FILE A CIVIL RIGHTS COMPLAINT WITH DTSC'S OFFICE OF CIVIL RIGHTS

DTSC is committed to ensuring that no person is excluded from participation in, or denied the benefits of its services on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation.

Therefore, if you believe that you or someone else has been subjected to discrimination under Title VI of the 1964 Civil Rights Act or Government Code section 11135 by DTSC, its contractors, grantees, or other funding recipients, you may file a complaint with DTSC's Office of Civil Rights (OCR).

You must file your discrimination complaint within one year of the alleged discrimination. However, if you do not discover facts about a discriminatory practice until after the expiration of the one-year filing period, you may have an additional 90 days to file a complaint. The address and telephone number for DTSC's OCR is listed in the heading of the Complaint Form.

The OCR needs certain information to investigate your complaint. Consequently, please make sure you carefully follow the instructions below for filing out your complaint. The instruction numbers match the numbers in the Discrimination Complaint Form.

1. Under **Complainant Information**, please set forth your legal name; home address; home telephone number; e-mail if you have one; and a daytime phone number where you can be reached. Please note, you may file a complaint anonymously but that doing so may reduce DTSC's ability to accept and/or fully investigate your claim.

Under **Person, Unit, Division, or Company That Discriminated**, please set forth as much information you have concerning the entity or individual that you believe committed the discrimination.

Under **Third Party Discriminated Against**, please set forth the information about the person(s) who was directly subject to the behavior you believed to be discriminatory. This section only needs to be filled out if your complaint is based on actions towards someone other than yourself.

2. Under **What happened**, please provide in succinct detail each incident that you believe showed that:

- a. Someone (you or someone else) was excluded from participation in the federally funded or state program or activity;
 - b. Someone (you or someone else) was denied benefits from the federally funded or state program or activity; or,
 - c. Someone (you or someone else) was subjected to discrimination in a federally funded or state program or activity.
3. Under **Why**, please provide in succinct detail why you believe, or someone else, was excluded, denied benefits, or subjected to discrimination, as prohibited by Title VI of the 1964 Civil Rights Act and/or Government Code section 11135. Those laws prohibit the exclusion, denial of benefits or being subjected to discrimination because of the person's actual or perceived **sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation**. A complaint may also be filed if you feel you or someone else has been discriminated against based on an association with an individual with an actual or perceived protected characteristic. For the OCR to investigate your complaint, you must provide a motivating factor for the alleged treatment. For example, "DTSC did not investigate my contamination complaint because of my **national origin**." In this example, the alleged reason for being denied DTSC's enforcement services is because of the individual's **national origin**.
4. Under **Who**, please set forth the full name, phone number, e-mail of any individual that may have some knowledge regarding your allegations.
5. Under **When**, please set forth the earliest date of these actions and the most recent action of exclusion, denial of services, or discrimination.

CIVIL RIGHTS COMPLAINT FORM

This form should be used by members of the public to file a complaint of discrimination against the California Department of Toxic Substance Control (DTSC), its contractors, grantees, or other funding recipients that an individual believes occurred during the administration of DTSC's programs and services offered to the public. All complaints must be filed with DTSC located at 1001 I Street, Sacramento, CA 95814 –Attention: Civil Rights Complaint, telephone number (916) 324-3095, facsimile number (916) 322-3111.

Please read this form carefully and try to answer all questions that may apply to your situation. Attached to this Complaint Form is a Fact Sheet entitled "How to File a Civil Rights Complaint with DTSC's Office of Civil Rights" that acts as a guide for filling out this Complaint form.

If you have any documents that support your complaint, please attach them to this Complaint Form.

1. COMPLAINANT INFORMATION:

Name	Home Address	Work Telephone Number
E-Mail Address		Daytime Telephone Number (if different)

2. PERSON, UNIT, DIVISION, or COMPANY THAT DISCRIMINATED:

Unit, Division or Company	Address (if known)	Telephone Number (if known)
Individual Names (if known)	E-Mail Address (if known)	

3. INFORMATION ON THIRD PARTY DISCRIMINATED AGAINST (IF APPLICABLE):

Name	Address (if known)	Telephone Number (if known)
Company (if known)	E-Mail Address (if known)	

4. **What** happened? How were you, or someone else, discriminated, harassed, or retaliated against? If you need additional space, please use additional paper.

5. **Why** do you believe you, or someone else, are being discriminated, harassed, or retaliated against? For example, do you believe that what has happened or is happening is because of your, or someone else's, actual or perceived sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation? Or do you believe that what has happened or is happening is because of **something else**? Please use additional paper if you need to fully explain.

6. **Who** other than you witnessed or has knowledge of the alleged act of discrimination, harassment, or retaliation that you are complaining about? Please list the names of any and all witnesses to the discrimination, harassment, or retaliation. Please use additional paper if you need to.
7. **When** did the last act of discrimination, harassment, or retaliation occur? Please be as specific as possible, and indicate the earliest date of the discrimination and the most recent date of the discrimination.

DTSC makes every effort to protect confidentiality in any investigation, but cannot guarantee absolute confidentiality. The right to due process and equitable treatment for all parties involved requires DTSC to interview many individuals in its investigation. Confidentiality will be protected and honored to as great a degree as is legally possible. However, anonymity and complete confidentiality cannot be guaranteed once a complaint is made or unlawful behavior is made known to DTSC. It is important that you keep the proceedings of any interview with you strictly confidential. The complaint files will be maintained in confidence to the fullest extent of the law.

ASSURANCE AND SIGNATURE

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

Date

Name

Signature