

Complaint Form for Denial of Services

If you believe that you, another person, or group of individuals have been discriminated against because of your **race, color, national origin, religion, age, sex, or disability** by DTSC or by any other person or business that receives either federal or DTSC financial assistance, you can file this complaint with DTSC's Office of Civil Rights, located at 1001 I Street, Sacramento, CA 95814, telephone number (916) 324-6546, facsimile number (916) 322-2844.

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 Title VI Discrimination 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(S) OR ENTITY DISCRIMINATED AGAINST IF DIFFERENT THAN ABOVE:

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

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

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

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

5. Why do you believe you are being discriminated, harassed, or retaliated against? For example, do you believe that what has happened to you or is happening to you is because of your **race, national origin, color, religion, sex, age, or disability**. Or do you believe that what has happened or is happening to you is because of **something else**? Please use additional paper if you need to fully explain.

6. Who 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 specific on this date, 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.

Signature: _____	Date: _____
------------------	-------------

How to File a Discrimination Complaint for Exclusion or Denial of Services

DTSC is committed to ensuring that no person is excluded from participation in, or denied the benefits of its services on the basis of **race, ancestry, color, marital status, national origin, political affiliation, religion, sex, sexual orientation, age, or disability**.

Therefore, if you believe that you have been subjected to discrimination under Title VI of the 1964 Civil Rights Act or Government Code section 11135 by DTSC, 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.
2. Under **Person(s) or Entity Discriminated Against If Different Than Above**, please set forth the name; address; telephone numbers; and, e-mail if you know it, of the person or entity that you believe has been discriminated against.
3. Under **Person, Unit, Division, or Company That Discriminated**, please set forth as much information you have concerning the entity or individual that you feel committed the discrimination.
4. Under **What happened to you**, please provide in succinct detail each incident that you believe showed that:
 - a. You were excluded from participation in the federally funded or state program or activity;
 - b. You were denied benefits from the federally funded or state program or activity; or,
 - c. You were subjected to discrimination in a federally funded or state program or activity.
5. Under **Why** do you believe you were excluded, denied the benefits, or subjected to discrimination, both Title VI of the 1964 Civil Rights Act and Government Code section 11135 prohibit the exclusion, denial of benefits or being subjected to discrimination because of the person's **race, ancestry, color, marital status, national origin, political affiliation, religion, sex, sexual orientation, age, or disability**. For the OCR to investigate your complaint, you must provide a cause 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**.
6. Under **Who** witnessed or has knowledge of the exclusion, denial of services, or discrimination, please set forth the full name, phone number, e-mail of the individual that may have some knowledge regarding your allegations.
7. Under **When** did the last act of exclusion, denial of services, or discrimination occur, please set forth the earliest date of these actions and the most recent action of exclusion, denial of services, or discrimination.