

# City of Antioch Complaint / Grievance Form

## Title VI and Section 504

The City of Antioch is committed to ensuring that no person is excluded from participation in, or denied the benefits of, its services based on race, color, national origin, sex, age, disability, religion, sexual orientation, gender or gender identity. If you need help in completing this form, please contact us. Copies of the form will be provided in alternative formats or translated into Spanish or other languages as needed. To request reasonable accommodation please contact us by calling **925-779-6950** or via Telecommunication Relay Service (TRS) by dialing 7-1-1, or via email at: [\*\*publicworks@ci.antioch.ca.us\*\*](mailto:publicworks@ci.antioch.ca.us)

The City of Antioch CA prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the City. Please inform the Title VI Coordinator if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint. **NOTE: Title VI complaints must be filed within 180 days from the date of the alleged discrimination.**

### Contact Information

Name:		Date of Incident:
Phone:	Alternate Phone:	
Your Street Address, City, State, & Zip Code		
Name(s) of any other persons discriminated against (other than yourself):		
Street Address, City, State & Zip Code of person(s) listed above:		

### Complaint Information

**I believe the discrimination I experienced was based on** (check all that apply):

- Race    Color    National Origin    Age    Disability    Religion    Gender  
 Sexual Orientation    Gender Identity    Other \_\_\_\_\_

**Check category that best describes your issue:**

- Program Access** – trying to get or maintain a City benefit or service because of a disability, or you asked for a reasonable modification of a policy, practice or procedure in order to obtain City benefits or services but were denied one.  
 **Physical Access** –wheelchair ramp needed, braille signage missing, accessible counters are too high for wheelchair users, etc.  
 **Communication Access** –need an interpreter, materials in alternative formats, or other auxiliary aids and services to have equal access to City information & communications.  
 **Online Services** –City online services and websites.  
 **Employment Discrimination** – applying for and accessing City jobs.

**Please check the City department this complaint involves** (leave blank if unknown):

- |                                                |                                               |                                         |
|------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Administration        | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Police         |
| <input type="checkbox"/> Animal Services       | <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Public Works   |
| <input type="checkbox"/> Boards & Commissions  | <input type="checkbox"/> Finance              | <input type="checkbox"/> Not sure/Other |
| <input type="checkbox"/> City Council          | <input type="checkbox"/> Human Resources      | _____                                   |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Information Systems  |                                         |

**Please describe the problem you encountered. You may attach additional pages:**

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**Do you know the name or position of any of the staff you encountered?**

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**What was the date of the most recent problem?** \_\_\_\_\_

**What was the location/address of the problem?**

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**Please state what you think should be done to help in solving this problem:**

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**Have you filed a complaint about this issue with any other federal, state, or local agencies?**  Yes  No

**If so, list agency(ies) and contact information below:**

<b>Agency:</b>	<b>Contact Name:</b>
<b>Street Address, City, State, &amp; Zip Code:</b>	<b>Phone:</b>

\_\_\_\_\_  
 Complainant's Signature

\_\_\_\_\_  
 Complainant's Name (print)

\_\_\_\_\_  
 Date

**Please return this completed form to:**

**City of Antioch ADA/504/Title VI Coordinator, 1201 W. 4<sup>th</sup> St, Antioch CA 94509**  
 Voice: (925) 779-6950 Email: [publicworks@ci.antioch.ca.us](mailto:publicworks@ci.antioch.ca.us) TTY: 711