



**ATTACHMENT 3: COUNTY OF ORANGE / OC PUBLIC WORKS (OCPW)
TITLE VI DISCRIMINATION COMPLAINT FORM**

Title VI of the Civil Rights Act of 1964, as amended, and related statutes prohibit discrimination by County of Orange / OC Public Works (OCPW) on the basis of race, color, national origin, sex, age, disability, religion, or sexual orientation in connection with programs or activities receiving federal financial assistance. Additionally, pursuant to Executive Order 13166 and the Americans with Disabilities Act of 1990, OCPW is required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all of the OCPW programs and activities.

If you believe that you have been discriminated against by OCPW in the provision of services based on your race, color, national origin, sex, age, or disability, you may file a complaint on this Title VI Discrimination Complaint Form. Complaints must be filed within one hundred-eighty (180) calendar days after you believe the discrimination occurred.

Upon request, assistance with completing the form will be provided if you have limited English proficiency or a disability. Complaints may also be filed using alternate formats such as computer disk, audiotape, Braille, or TTY.

OCPW and its subrecipients, consultants, and contractors, irrespective of tier, are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, or made charges, testified, or participated in any complaint action under Title VI, the Civil Rights Restoration Act of 1987, or other nondiscrimination authorities.

Please complete and return this form to:

Julie Lyons, Title VI Coordinator, Administrative Services
County of Orange / OC Public Works | 300 N Flower St #584 | Santa Ana, CA 92703
Julie.Lyons@ocpw.ocgov.com
Phone Number: (714) 667-9701

Personal Information Notice Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the collected information may impact our ability to investigate your complaint and may delay processing of this form. No disclosure of personal information will be made unless permissible under applicable law. Each individual has the right upon request and proper identification to inspect all personal information maintained on the individual by an identifying particular.

Date: _____

Complainant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Alternate Telephone: (____) _____



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Which of these best describes the reason you feel you were discriminated against:

- checkbox Race checkbox Age checkbox Color checkbox Sex checkbox National Origin checkbox Disability checkbox Religion checkbox Sexual Orientation

When and where did the alleged discrimination take place?

In your own words, describe the alleged discrimination. Explain what happened, how you were treated differently from others, and whom you believe to be responsible. Please be as specific as possible and use additional sheets of paper if necessary:

Name(s) of individual(s) responsible for the alleged discriminatory action(s):

List any others who may have witnessed this event:

Name, Address, City/State/Zip, Phone Number

If you have filed a complaint about the same alleged discriminatory event with any of the following entities, please identify the entity and give the date of filing. Please note that if you filed a complaint with any of these other agencies, the County – OCPW Title VI Coordinator is precluded from accepting and investigating your complaint. This applies to any complaint that you initially filed with the County – OCPW Title VI Coordinator and which you later file with an external agency.

- checkbox Equal Employment Opportunity Commission (EEOC) checkbox Department of Fair Employment and Housing (DFEH) checkbox Office of Civil Rights (OCR) checkbox U.S. Department of Justice checkbox California Attorney General checkbox Federal Court checkbox State Court checkbox Other Federal Agency (List) checkbox Other State Agency (List)

Signature of Complainant:

Date