



**Sacramento Area Council of Governments (SACOG) Title VI Complaint Form**

**Complaints must be filed within 180 days of the alleged act of discrimination.**

<b>Section I:</b>									
Name:									
Address:									
Telephone (Home):					Telephone (Work):				
Electronic Mail Address:									
Accessible Format Requirements? Check all that apply.		Large Print			Audio Tape				
		TDD			Other				
<b>Section II:</b>									
Are you filing this complaint on your own behalf?					Yes*			No	
*If you answered "yes" to this question, go to Section III.									
If not, please supply the name and relationship of the person for whom you are filing this complaint:									
Please explain why you are filing for this person:									
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.					Yes			No	
<b>Section III</b>									
I believe the discrimination I experienced was based on (check all that apply):				Race		Color		National Origin	Other
Date of Alleged Discrimination (Month, Day, Year):									

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?	Yes		No	
<b>Section V</b>				
Have you filed a complaint with any other Federal, State or local agency, or with any Federal or State Court?	Yes		No	
If yes, check all that apply?		Federal Agency		State Agency
		Federal Court		Local Agency
		State Court		

**You may attach any written materials or other information that you think is relevant to your complaint.**

**Please sign here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note - SACOG cannot accept your complaint without a signature.**

**Please print, scan and email your completed, signed form to [ejohnson@sacog.org](mailto:ejohnson@sacog.org) OR**

**Mail or fax your completed, signed form to:**

Title VI Coordinator  
 Sacramento Area Council of  
 Governments  
 1415 L Street, Suite 300  
 Sacramento, CA 95814  
 Fax: (916) 321-9551