



CITY OF DEL MAR

TITLE VI GRIEVANCE FORM

Complainant Name (First, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person for Complainant (If Applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please do not contact me personally (see *Contact Person for Complainant* information above)

1) Description of grievance and why you believe you were discriminated against: (attach additional pages if necessary):

2) Date of Alleged discrimination: _____

3) Name of party(s) involved: Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses, if applicable.

4) If the alleged incident/discrimination involved a State/Federal agency(s), list name(s):

5) Please specify any location(s) related to the discrimination: _____

6) Please provide a complete description of the alleged problem or issue, including the date(s):

**Please attach additional pages, photographs, sketches, or other information as necessary*

7) State requested remedy to your grievance/complaint: (attach additional pages if necessary)

8) Have you previously filed a Title VI grievance with the City of Del Mar:

Yes

No

9) Have you filed this grievance with any other Federal, State or local agency, or with any other Federal or State Court? If so, state where?

Signature and date are required below to complete this form:

Signature: _____ Date: _____

Print Name: _____

Within 15 calendar days after receipt of the complaint, the City will meet with the complainant to discuss the complaint and a possible resolution. Within 15 calendar days of the meeting, the City will respond in writing and explain the position of the City and offer options for resolution (See Title VI Grievance Procedures).

Please submit the completed form to:

Sarah Krietor, Title VI Coordinator
City of Del Mar
Administrative Services Department
1050 Camino del Mar
Del Mar, CA 92014
skrietor@delmar.ca.us

Note: COMPLAINT CAN BE FILED VERBALLY OR IN WRITING. The City of Del Mar is a public entity and does not discriminate on the basis of race/color, national origin, sex, religion, age or disability in employment or the provisions of service. Please notify the City of Del Mar 72 hours or more prior to disability accommodations being needed.