

# Civil Rights Complaint Form



## City of Sierra Madre

232 W. Sierra Madre Blvd.  
Sierra Madre, CA 91024  
626.355.7135  
www.cityofsierramadre.com

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the ground of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The City of Sierra Madre also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation.

In addition to utilizing the Civil Rights complaint process at the City of Sierra Madre, a Complainant may file a Title VI complaint concerning race, color or national origin discrimination with the Federal Transit Administration (FTA), Office of Civil Rights, Region IX, 201 Mission Street, Suite 1650, San Francisco, California 94105-1839. A Complainant may file an Americans with Disabilities Act (ADA) complaint with the FTA, Director, FTA Office of Civil Rights, East Building – 5<sup>th</sup> Floor, TCR, 1200 New Jersey Ave., SE, Washington, DC 20590. Complainants may also contact the FTA ADA Assistance Line, 1-888-446-4511 (Voice) or through the Federal Information Relay Service, 1-800-877-8339 or by electronic mail at [FTA.ADAAssistance@dot.gov](mailto:FTA.ADAAssistance@dot.gov). The FTA ADA Complaint form is available at [http://www.fta.dot.gov/civilrights/12875\\_14816.html](http://www.fta.dot.gov/civilrights/12875_14816.html).

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please let us know.

Complete and return this form to: City of Sierra Madre, Director of Human Resources, 232 W. Sierra Madre Blvd., Sierra Madre, CA 91024.

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Person discriminated against (if someone other than the Complainant):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- Race       Color       National Origin       Sex       Age  
 Disability       Religion       Medical Condition       Marital Status       Sexual Orientation

What date did the alleged discrimination take place?

*Si se necesita información en otro idioma, por favor póngase en contacto 626.355.7135.*

