

Title VI Grievance Form

Today's Date:	
GRIEVANT INFORMATION	
Name:	
Address:	
Email Address:	
Telephone/Cell Number:	
IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBE INCLUDED BELOW.	
Representative's Name:	
Address:	
Email Address:	
Telephone/Cell Number:	
GRIEVANCE INFORMATION	
Date of Alleged Incident: Time of Alleged	d Incident:
Location/Address of Alleged Incident:	
Describe your grievance and why you believe you were discriminated (Attach additional pages if necessary)	d against:
Telephone/Cell Number: GRIEVANCE INFORMATION Date of Alleged Incident: Time of Alleged Location/Address of Alleged Incident: Describe your grievance and why you believe you were discriminated	d against:

If the alleged incident involved a State/Federal agency(s), list name(s):
Name and contact information of witnesses, if applicable:
State the requested remedy to your grievance: (attach additional pages if necessary)
Have you previously filed a Title VI grievance with the City of El Cajon? ☐ YES ☐ NO
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?
I affirm that the above is true to the best of my knowledge, information and belief.
Signature (Grievant or authorized representative) Date
Acknowledgement of receipt of grievance will be provided within 5 calendar days after receipt of grievance (See Grievance Procedures for further details)
Filing this grievance with the City of El Cajon does not prevent you from filing a complaint with other State or Federal Agencies providing federal funding to the party against which a complaint is being lodged. For additional information on location of state and federal offices, contact the City's Title VI Coordinator.
Please submit completed form to:

City of El Cajon Attention: Title VI Coordinator 200 Civic Center Way El Cajon, CA