

**Title VI Complaint Form
City & County of Honolulu**

Department/Agency

This form is intended to assist individuals with the submittal of information concerning complaints under Title VI/related statutes, which prohibit individuals from being excluded from participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, sex, disability, or age, under any program or activity receiving Federal assistance.

- Complainants are not required to use this form; a letter that includes the same information is sufficient.
- Employees may use the internal complaint process for complaints filed under Title VI/related statutes.
- Individuals with disabilities or limited English proficiency may request, if needed, assistance with completing this complaint form and during the complaint process.
- Completed complaint forms/letters should be received by the City & County of Honolulu (City) within 60 days of the date of alleged discrimination, unless otherwise specified by applicable regulations issued by the respective Federal funding agency.

Name	Email address	
Mailing Address	Daytime Phone Number	Date

I believe that I experienced discrimination based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Age

➤ **NAME of the person, program, service, or activity that you believe discriminated against you:**

➤ **WHEN did the alleged discrimination occur?**

➤ **WHERE did the alleged discrimination occur?**

➤ **EXPLAIN the events that have caused you to believe that you have experienced discrimination:**

You may use the reverse side of this form or attach additional sheet(s) to provide relevant information, if needed.

➤ **WHAT RESOLUTION are you seeking?**

Complainant's Printed Name	Signature of Complainant/Representative	Date
-----------------------------------	--	-------------

- Submit the completed Title VI Complaint Form (or letter that includes the same information) to **[Name of Department and address of Title VI Coordinator or departmental headquarters]**; OR
- Mail the completed Title VI Complaint Form/letter to the City's Equal Opportunity Office, 925 Dillingham Blvd, Suite 180, Honolulu, HI 96817, for referral to the respective department/agency for processing.

