



# Peninsula Family Service

Peninsula Family Service 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):		
Email Address:				
Accessible Format Requirements? Check all that apply.	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape
	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Other
<b>Section II</b>				
Are you filing this complaint on your own behalf?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	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 complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<b>Section III</b>						
I believe the discrimination I experienced was based on (check all that apply):	<input type="checkbox"/>	Race	<input type="checkbox"/>	Color	<input type="checkbox"/>	National Origin
Date of Alleged Discrimination (Month, Day, Year):						
<p>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. If more space is needed, please use the back of this form.</p>						
<b>Section IV</b>						
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<b>Section V</b>						
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, check all that apply.	<input type="checkbox"/>	Federal Agency _____	<input type="checkbox"/>			
	<input type="checkbox"/>	Federal Court _____	<input type="checkbox"/>	State Agency _____		
	<input type="checkbox"/>	State Court _____	<input type="checkbox"/>	Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.						
Name:						
Title:						
Agency:						
Address:						
Telephone:						

<b>Section VI</b>
Name of agency complaint is against:
Contact Person:
Title:
Telephone Number:

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

Signature and date required below:

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

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

Note: Peninsula Family Service cannot accept your complaint without a signature.

**Please submit this completed form in person at the address below or mail this completed form to:**

Peninsula Family Service  
 Attn: Larry Diskin, Interim Director Human Resources  
 24 Second Avenue  
 San Mateo, CA 94401  
 650-403-4300 x4614  
 Fax: 650-403-4303  
 Email: [ldiskin@peninsulafamilyservice.org](mailto:ldiskin@peninsulafamilyservice.org)