CIVIL RIGHTS COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant Name:		
Program Information:		
Complainant Address:		
City	**State**	**Zip Code**
Phone Number:		
Are you an authorized representative of the complainant? ☐ **YES** ☐ **NO**		

Contact CARB's Civil Rights Officer at EEOP@arb.ca.gov to update this contact information if it changes before CARB's resolution of this complaint.

BASIS OF COMPLAINT

Provide a detailed description of the alleged act(s) you believe are discriminatory. CARB's Civil Rights Officer, or a designee, may contact you with follow up questions to collect all facts necessary to resolve this complaint.

a. What act(s) occurred that you believe resulted in you or another person or people being discriminated against?

b. Why do you believe the act(s) are discriminatory?

c. Where did the alleged act(s) of discrimination occur (at CARB, over the telephone, other)?

d. When did the alleged act(s) of discrimination occur? Please be as specific as possible on the date(s), and indicate whether the discrimination was one time or is continuous and still ongoing.

e. Is there anyone else who witnessed or has knowledge of the alleged act(s) of discrimination? Please list the names of any and all persons who have knowledge of the act(s).

PROTECTED CLASS

Identify the protected class of the person or group of people subject to the alleged discrimination. Refer to the definitions in the Civil Rights Complaint Policy. Checking boxes that do not apply may delay your complaint.

- ☐ Race
- ☐ National Origin
- ☐ Ethnic Group Identification
- ☐ Ancestry
- ☐ Religion
- ☐ Age
- ☐ Sex
- ☐ Sexual Orientation
- ☐ Gender Expression
- ☐ Color
- ☐ Genetic Information or Characteristics
- ☐ Medical Condition
- ☐ Mental or Physical Disability

PROGRAM OR ACTIVITY ADMINISTERED BY CARB THAT COMMITTED THE ALLEGED DISCRIMINITORY ACT

CARB Program and Division/Unit:
CARB Contact Person(s), if known:
CARB contractor or subcontractor, if applicable:
Have you filed your complaint with any State or Federal Agency? ☐ **YES** ☐ **NO**

CONFIDENTIALITY

CARB makes every effort to protect confidentiality of information provided, but cannot guarantee absolute confidentiality. Confidentiality will be protected and honored to the degree legally possible. However, anonymity and complete confidentiality cannot be guaranteed once a complaint is made to CARB. You can help protect confidentiality by keeping the proceedings of any interviews with you confidential.

SIGNATURE

☐ I affirm that the above information is true to the best of my knowledge, information, and belief.

Complainant Signature:	**Date:**

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form should be used by members of the public to file a complaint of discrimination against the California Air Resources Board (CARB) that an individual believes occurred during the administration of its programs and services offered to the public.
- All complaints must be filed with the California Air Resources Board's (CARB) Civil Rights Officer located at: 1001 I Street, Sacramento, CA, 95814.
- You may contact CARB's Civil Rights Officer at (916) 323-7053, or (916) 445-6531 (fax), or by email at EEOP@arb.ca.gov.
- Please answer all of the questions in this form that may apply to your situation to the best of your ability. You may use additional paper if needed. If you have any documents that support your complaint, please attach them to this Civil Rights Complaint Form. If you have any questions or need help completing the form, please contact CARB's Civil Rights Officer.

COMPLAINANT INFORMATION

Complainant Name: Enter the legal first and last name of the complainant.

Program Information: Enter the CARB program information where the alleged discriminatory act was witnessed.

Complainant Address: Enter the complete mailing address of the complainant including the city, state, and zip code.

Complainant Phone Number: Best phone number for the contact person.

Authorized Representative: Identify whether or not you are an authorized representative of the complainant by checking yes or no in the boxes provided.

BASIS OF COMPLAINT

Provide a detailed description of the acts you believe are discriminatory in the boxes provided in section a-e.

PROTECTED CLASS

Identify the protected class/person/group subject to the alleged discrimination.

PROGRAM OR ACTIVITY ADMINISTERED BY CARB

CARB Program and Division/Unit: Identify the CARB Program and Division/Unit that committed the alleged discriminatory act.

CARB Contact Person: Identify any CARB contact person(s) involved in the alleged discriminatory act.

CARB Contractor/Subcontractor: If applicable, identify the CARB contractor or subcontractor involved in the alleged discriminatory act.

Have you filed your complaint with any State or Federal Agency? Identify whether or not you have filed your complaint with any State or Federal Agency by checking yes or no in the boxes provided.

SIGNATURE

Print and sign this form, enter date of signature.