Draft Civil Rights Complaint Form

Complainant Information

Complainant Name:		
Complainant Email Address:		
Complainant Mailing Address:		
City:	State:	Zip Code:
Complainant Phone Number:		
Are you an authorized representative of the complainant? ☐ Yes ☐ No ☐ N/A		

Contact CARB's Civil Rights Officer at CivilRights@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. If you need additional space, continue on page 3.

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 location, 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 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.

☐ Age	☐ Genetic Information	☐ Political Affiliation
☐ Ancestry	☐ Immigration Status	☐ Race
☐ Citizenship	☐ Language (primary)	☐ Religion
☐ Color	☐ Marital Status	☐ Religious Creed
☐ Domestic Violence Victim Status	☐ Medical Condition	☐ Reproductive Health Decision-making
☐ Familial Status	☐ Mental Disability	☐ Sex
☐ Gender	☐ National Origin	☐ Sexual Orientation
☐ Gender Expression	☐ Physical Disability	☐ Veteran and/or Military Status
☐ Gender Identity	☐ Other:	

Program or Activity Administered by CARB

☐ CARB Program	☐ Grantee	☐ Contractor
☐ Subcontractor	☐ Unsure	☐ Other:

Name of Program, Grantee, Contractor, Subcontractor if known:

Contact Person(s), if known:

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:

Use additional space, if necessary:

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 by email at CivilRights@arb.ca.gov.
- 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.
- Note, you may file a complaint without providing us with your name or other information about who you are and how we may contact you. However, we may not be able to investigate your complaint if we cannot talk with you to confirm the information you provide or obtain additional information.

Complainant Information

- **Complainant Name:** Enter the legal first and last name of the person filing the complaint.
- **Complainant Email:** Enter the full email address of the complainant.
- **Complainant Mailing address:** Enter the complete mailing address of the person filing the complainant including the city, state, and zip code.
- **Complainant Phone Number:** Best phone number for the person filing the complaint.
- **Authorized Representative** (if applicable): 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. Additional space is provided on Page 3, if needed
- **Protected Class:** Identify and select the protected classes that the person/group were subject to the alleged discrimination.
- **Program or Activity Administered by CARB:**
- Identify the CARB Program that committed the alleged discriminatory act.
  Name of Program: Identify the program or activity administered by CARB.
- **Contact Person:** Identify any CARB contact person(s) 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.