

CIVIL RIGHTS COMPLAINT FORM

Instructions: This form should be used by members of the public to file a complaint of discrimination against the California Air Resources Board that an individual believes occurred during the administration of its programs and services offered to the public. All complaints must be filed with the Air Resources Board's (ARB) [Civil Rights Officer](#) located at 1001 I Street, Sacramento, CA, 95814. You may contact ARB's Civil Rights Officer at (916) 323-7053, or (916) 445-6531 (fax).

Please answer all questions below 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 ARB's Civil Rights Officer.

1. COMPLAINANT INFORMATION:

Name: _____ Program Information: _____
Address: _____ Telephone Number: _____

Are you an authorized representative of the complainant? Yes or No

Contact ARB's Civil Rights Officer to update this contact information if it changes before ARB's resolution of this complaint.

2. BASIS OF COMPLAINT:

Provide a detailed description of the alleged act(s) you believe are discriminatory. ARB'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 ARB, over the telephone, other)?

d. When did the alleged act(s) of discrimination occur? Please be as specific as possible on the date, 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).

3. 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
- GENDER IDENTITY
- COLOR
- GENETIC INFORMATION OR CHARACTERISTICS
- MEDICAL CONDITION
- MENTAL OR PHYSICAL DISABILITY

4. IDENTIFY, TO THE BEST OF YOUR KNOWLEDGE, THE PROGRAM OR ACTIVITY ADMINISTERED BY ARB THAT COMMITTED THE ALLEGED DISCRIMINATORY ACT.

ARB
Program and Division/Unit: _____ ARB Contact Person(s), if known: _____

If applicable, ARB contractor or subcontractor: _____

Have you filed your complaint with any other State or Federal agency? Yes No

ARB 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 ARB. You can help protect confidentiality by keeping the proceedings of any interviews with you confidential.

ASSURANCE AND SIGNATURE

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

Complainant Signature: _____ Date: _____