CACHUMA OPERATION & MAINTENANCE BOARD

EXTERNAL CIVIL RIGHTS COMPLAINT FORM

Instructions: Please complete this form to file a formal complaint alleging discrimination under Title VI of the Civil Rights Act of 1964 or related regulations (40 C.F.R. Parts 5 and 7). Submit the completed form within **180 days** of the alleged incident to the Civil Rights Coordinator.

1. COMPLAINANT INFORMATION

Full Name: _____ Phone Number: _____

Mailing Address: _____ Email Address: _____

City, State, Zip: _____ Best Time to Contact: _____

2. BASIS OF DISCRIMINATION

Check all boxes that apply to your allegation:

[ ] Race [ ] Color [ ] National Origin (incl. LEP)

[ ] Sex (Gender) [ ] Age [ ] Disability / Handicap

[ ] Retaliation

3. DETAILS OF THE COMPLAINT

Date of Alleged Incident: _____ Location of Incident: _____

Description: Explain what happened and how you were treated differently. Attach additional sheets if necessary.

4. REMEDY REQUESTED

Describe what action or resolution you are seeking from the Water District:

5. SIGNATURE AND CONFIRMATION

By signing below, I certify that the statements made in this complaint are true and accurate to the best of my knowledge.

Complainant Signature: _____ Date: _____

Please return this completed form to:
Attn: Edward Lyons, Administrative Mgr / CFO, Civil Rights / Nondiscrimination Coordinator
Water District Name: Cachuma Operation & Maintenance Board
Mailing Address: 3301 Laurel Canyon Road, Santa Barbara CA 93105
Email: elyons@cachuma-board.org | **Phone:** 805-687-4011