

CITY OF SAN RAMON



ADMINISTRATIVE POLICY

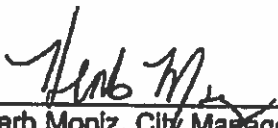
Effective Date: March 1, 2011

SUBJECT: CITY TITLE VI COMPLIANCE POLICY

PURPOSE: The purpose of this policy is to express the City of San Ramon's commitment to nondiscrimination in the conduct of its business and to define a complaint procedure for persons who believe that they have been discriminated against.

The provisions included in the attached Title VI Compliance Policy dated March 1, 2011 are to be followed when any person wishes to assert that they have received discriminatory treatment based on race, color or national origin with regard to City services delivery.

The City Title VI Compliance Policy herein stated shall become effective upon the date of approval and signature by the City Manager.



Herb Moniz, City Manager

INTRODUCTION

The City of San Ramon grants all citizens equal access to its various public services. The City is committed to a policy of nondiscrimination in the conduct of its business, including its responsibilities under Title VI of the Civil Rights Act of 1964 which provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its services delivery

OVERVIEW

The purpose of this procedure is to resolve as promptly as possible complaints that the City has violated Title VI of the Civil Rights Act of 1964 by unlawfully discriminating against an individual or group of individuals on the basis of race, color, or national origin during the provision of City services.

TITLE VI COMPLAINT PROCEDURES

Any person who believes that he or she has received discriminatory treatment based on race, color, or national origin during the provision of City services may file a formal complaint with the City's Employee Services Manager.

A. Filing Time: Federal and State laws require complaints to be filed within one-hundred and eighty (180) calendar days of the last alleged incident.

B. Information required in the Complaint: A complaint form will be made available by the Employee Services Manager and will be posted on the City's web site. Complaints may be made without using the form, as long as that written statement contains all the information listed below.

All complaints should include the following information:

1. Name, address, and telephone number of the complainant.
2. The basis of the complaint; (e.g., race, color, or national origin).
3. The date(s) on which the alleged discriminatory event occurred.
4. The nature of the incident that led the complainant to feel discrimination was a factor.
5. Names, addresses and telephone numbers of persons who may have knowledge of the event.
6. Other agencies or courts where complaint may have been filed and a contact name.

The Title VI Complaint Form is attached to this policy.

C. Where to File: Complaints should be mailed or delivered to:

City of San Ramon
Employee Services Manager
2222 Camino Ramon
San Ramon, CA 94583

D. Assistance for Complaints: The City's Employee Services division shall be responsible for providing assistance to those wishing to file a claim in using this procedure.

E. Investigation: Upon receipt of a complaint, the Employee Services Division shall investigate all charges. The investigation shall include interviews with (a) the complainant; (b) the person(s) allegedly engaged in discrimination; and (c) any other person believed to have relevant knowledge concerning the complaint. The Employee Services Division shall also consider any written evidence which is given.

Upon completion of the investigation, Employee Services shall review factual information gathered through the investigation to determine whether the alleged conduct constitutes discrimination, giving consideration to all factual information, the totality of the circumstances, including the nature of the alleged discriminatory conduct and the context in which the alleged incident(s) occurred.

F. Written Report The Employee Services Division will then prepare a written report setting forth: (1) the results of the investigation; (2) a determination as to whether discrimination occurred; (3) if discrimination occurred, the remedy which will be provided by the City. Copies of the report shall be provided to appropriate persons, including, but not limited to the complainant, the person(s) allegedly engaged in discrimination, the City Department involved, and the City Manager.

G. Employee Discipline If Employee Services determines that a City employee(s) unlawfully discriminated against an individual(s), the City will take appropriate disciplinary action commensurate with the severity and/or frequency of the offense and pursuant to City disciplinary policies and procedures.

H. Retaliation The City will not retaliate against potential victims for filing a complaint and will not knowingly permit retaliation by its officers and/or employees. The City will take reasonable steps to protect complainants from retaliation as a result of filing a complaint.

I. Public Notice of this Policy The City shall take reasonable steps to inform the public about this policy. The Employee Services Division shall take steps to post notices of this policy and the complaint procedures at the various public reception areas in the various city offices.



City of San Ramon
Title VI of the Civil Rights Act of 1964 Policy

DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the City of San Ramon. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided if you submit something other than this form.

1.* Your name and address.

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

Address: _____

_____ Zip _____

Telephone: (____) _____

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

_____ Race/Ethnicity: _____

_____ National origin: _____

_____ Sex: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____
____ National origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____
Telephone: Home: (____) _____ Work or Cell: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____
Address: _____

Zip _____
Telephone: Home: (____) _____ Work or Cell: (____) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____
Most recent date of discrimination: _____

9. Complaints of discrimination generally must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint and the City of San Ramon will evaluate the explanation and decide if a waiver is appropriate.

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[illegible]

Name	Address	Area Code/Telephone

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints with any other City offices?

Yes ____ No ____

If so, what department was it filed with?

Address: _____ Zip _____

Telephone No: (____) _____

Date of Filing: _____ Filed Against: _____

Briefly, what was the complaint about?

What was the result?

16. Have you filed a charge or complaint concerning the matters raised in this complaint with any of the following?

- ____ U.S. Equal Employment Opportunity Commission
- ____ Federal or State Court
- ____ Your State or local Human Relations/Rights Commission
- ____ Grievance or complaint office
- ____ Other _____

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____
Date filed: _____
Case or Docket Number: _____
Date of Trial/Hearing: _____
Location of Agency/Court: _____
Name of Investigator: _____
Status of Case: _____
Comments: _____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

19.* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person). Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

City of San Ramon
Administrative Services Department
Human Resources Division Manager
2226 Camino Ramon
San Ramon, CA 94583

Voice: (925) 973-2523
FAX: (925) 866-1436

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

Complaint number(s): (if known) _____

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for the City of San Ramon to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the City of San Ramon to honor requests under the Freedom of Information Act. I understand that it may be necessary for the City of San Ramon to disclose information, including personally identifying details, that it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by the City of San Ramon's Administrative Policy from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the City of San Ramon.

CONSENT/RELEASE

☐ CONSENT - I have read and understand the above information and authorize the City of San Ramon to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the City of San Ramon to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

☐ CONSENT DENIED - I have read and understand the above information and do not want The City of San Ramon to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

SIGNATURE

DATE