

DISCRIMINATION COMPLAINT FORM (Title VI)

Section I.							
Name:							
Address:							
Telephone (Home):		Telephone (Work):					
E-Mail Address:							
Accessible Format	Large Print		Audio Tape Other		_		
Requirements? (check all needed)	TDD						
Section II:							
Are you filing this complaint on your own behalf?				Yes*	No		
*If you answered "yes" to this question, go to Section III.							
If not, please supply the name and relationship of the person for whom you are complaining:							
Please explain why you have filed for a third party:							
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.				Yes	No		
Section III.							
I believe the discrimination I experienced was based on (check all that apply):							
[] Race [] Color	[] National Origi	n					
Date of Alleged Discrimination (Month, Day, Year):							
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons and events involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.							

Section IV						
Have you previously filed a Title VI complaint with this agency?	Yes	No				
Section V.						
Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State Court? [] Yes [] No						
If "Yes", check all that apply: [] Federal Agency						
[] Federal Court [] S	[] State Agency					
] State Court [] Local Agency						
Please provide information about a contact person at the agency/court where the complaint was filed.						
Name:						
Title:						
Agency:						
Address:						
Telephone:						
Section VI						
Name of agency complaint is against:						
Contact person:						
Title:						
Telephone number:						
You may attach any written material or other information that you think is relevant to your complaint.						
Signature and date required below						
Signature	Date					
Please submit this form in person at the address below, or mail this form to either:						
Community Partners in Caring 120 East Jones Street, Ste. 123 -OR- Santa Maria, CA 93454 Executive Director / Title VI Program Manager	Federal Transit A Office of Civil Rig East Building, 5 th 1200 New Jersey A Washington, DC 2	hts Floor-TCR Ave. SE				
**For information, phone (805) 925-0125						