Appendix C  TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and sent it to:

Provide address here

Please print clearly:

Name: ___________________________________________________________________

Address: __________________________________________________________________

City, State, Zip Code: _______________________________________________________

Telephone Number: ____________ (home) ____________ (cell) ____________ (work)

Person discriminated against: _______________________________________________

Address of person discriminated against: ______________________________________

City, State, Zip Code: _______________________________________________________

Please indicate why you believe the discrimination occurred:

_____ Race
_____ Color
_____ National Origin

What was the date of the alleged discrimination? ______________________________

Where did the alleged discrimination take place? ______________________________

Please describe the circumstances as you saw it: ________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please list any and all witnesses’ names and phone numbers:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you previously filed a Title VI complaint with this agency?
[ ] Yes [ ] No

Have you filed this 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 ____________________________  [ ] 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: ___________________________________________________

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

**Title VI Coordinator**
**Deputy Director/Chief Financial Officer**
**San Luis Obispo Regional Transit Authority**
**179 Cross Street, Suite A**
**San Luis Obispo, California 93401**

_________________________________   _________________________________
Your signature      Date

_________________________________
Print your name