# DISCRIMINATION COMPLAINT FORM (Title VI)

## Section I.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>E-Mail Address:</td>
</tr>
<tr>
<td>Accessible Format Requirements? (check all needed)</td>
</tr>
</tbody>
</table>

## 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 Origin

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**

<table>
<thead>
<tr>
<th>Have you previously filed a Title VI complaint with this agency?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Section V.**

<table>
<thead>
<tr>
<th>Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State Court?</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “Yes”, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Federal Agency __________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Federal Court ____________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] State Agency _____________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] State Court _____________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Local Agency ____________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide information about a contact person at the agency/court where the complaint was filed.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Agency:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature and date required below</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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
Santa Maria, CA 93454
Executive Director / Title VI Program Manager

**Federal Transit Administration**
Office of Civil Rights
East Building, 5th Floor-TCR
1200 New Jersey Ave. SE
Washington, DC 20590

**For information, phone (805) 925-0125**