



# Title VI Complaint Form

**When completed, submit the original signed form or letter in person or by mail to:**

San Bernardino County  
 Transportation Authority  
 Legislative and Public Affairs  
 1170 W. 3<sup>rd</sup> Street, Second  
 Floor  
 San Bernardino, CA 92410-1715

<p><b><u>Questions?</u></b>          Phone: (909) 884-8276          California Relay Service 7-1-1          (for TTY users)</p>
<p><b><u>Accessible Formats Required?</u></b>          Large Print _____          TDD _____          Audio Tape _____          Other? _____</p>

## 1. Contact Information

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

**What are the most convenient days and times for us to contact you about this complaint?**



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### 2. Are you filing this complaint on your own behalf?

No     Yes If “yes,” go to Number 3.

If you answered “no,” provide the following information:

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:	<input type="checkbox"/> No <input type="checkbox"/> Yes

### 3. Basis of Discriminatory Action(s):

Check all categories below that apply to the act(s) of discrimination.

a	<input type="checkbox"/>	Race
b	<input type="checkbox"/>	Color
c	<input type="checkbox"/>	National Origin (Please indicate your national origin.):

### 4. Date and place of alleged discriminatory action(s).

Include the earliest date of discrimination and the most recent date of discrimination:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_



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## 5. How were you discriminated against?

Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).

## 6. Names of individuals responsible for the discriminatory action(s):

## 7. Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint.

(Attach additional page(s), if necessary).

Name	Address	Phone Number
1.		
2.		



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**8. Have you previously filed a Title VI complaint with this agency?**  No  Yes

**9. Has this complaint been filed with any other Federal, State, or local investigative agency?**

No  Yes If “yes,” please provide the following information:

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**10. Please provide any additional information that you believe would assist in the investigation:**

**Please sign and date this form. ▼**

**Signature of Complainant**

**Date**