

## TCRTA Title VI Complaint Form

|   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| SECTION I: Please write legibly   |                                      |                                     |
| Name:   |                                      |                                     |
| Address:  |                                      |                                     |
| City:   | State:                               | ZIP Code:                           |
| Telephone:  | Secondary Phone (Optional):          |                                     |
| Email Address:  |                                      |                                     |
| Accessible Format Requirements?   | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
|   | <input type="checkbox"/> TDD         | <input type="checkbox"/> Other      |
| SECTION II:   |                                      |                                     |
| Are you filing this complaint on your own behalf?   | YES*                                 | NO                                  |
| *If you answered "yes" this question, go to Section III.  |                                      |                                     |
| If you answered "no" to this question, 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 permission of the aggrieved party to file on their behalf.  | YES                                  | NO                                  |
| SECTION III:  |                                      |                                     |
| I believe the discrimination I experienced was based on (check all that apply):<br><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin  |                                      |                                     |
| Date of alleged discrimination (mm/dd/yyyy)   |                                      |                                     |
| <p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were 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.</p> |                                      |                                     |

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|   |     |        |
|---|-----|--------|
| <b>SECTION IV:</b>  |     |        |
| Have you previously filed a Title VI complaint with TCRTA?  | YES | NO     |
| <b>SECTION V:</b>   |     |        |
| 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 _____  |     |        |
| [ ] State Agency _____  |     |        |
| [ ] Federal Court _____   |     |        |
| [ ] Local Agency _____  |     |        |
| [ ] State Court _____   |     |        |
| If you answered "yes" to previous question, provide information about a contact person at the agency/court where the complaint was filed. |     |        |
| Name:   |     |        |
| Title:  |     |        |
| Agency:   |     |        |
| Address:  |     |        |
| Telephone:  |     | Email: |
| <b>SECTION VI:</b>  |     |        |
| Name of agency complaint is against:  |     |        |
| Contact person:   |     |        |
| Title:  |     |        |
| Telephone number:   |     |        |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form in person or mail this form to the address below:

Tulare County Regional Transit Agency  
 Title VI Coordinator  
 210 N. Church St., Suite B  
 Visalia, CA 93291