TRINITY TRANSIT Title VI Complaint Form

Complainant’s Name:______________________________________________________________

Street Address:________________________________________________________________________

Mailing Address:________________________________________________________________________

City/State/Zip:________________________________________________________________________

Phone:_________________________________________ E-Mail Address:__________________________

Date of Violation:_________________________ Time of Violation:__________________________

Date of Complaint:_________________________ Place of Violation:__________________________

Bus Number:_______ Bus Route:_______________________________________________

Discrimination because of: □ Race  □ Color  □ National Origin

Please provide the name(s) of the Trinity County Department of Transportation Transit Division employee(s) who allegedly discriminated against you, including their job titles (if known).

_________________________________________________________________________________________________________________________

Identify what Trinity County Department of Transportation Transit Division service, program, or activity did not comply with Title VI of the Civil Rights Act of 1964.

_________________________________________________________________________________________________________________________

Identify any witnesses that have information relating to the violation by name, address and phone number. ________________________________________________________________

Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other individuals were treated differently from you. If more space is needed additional page(s) may be attached.

_________________________________________________________________________________________________________________________

Signature of Complainant:_________________________________________ Date:____________________