

Taft Area Transit
Title VI Complaint Form Page 1 of 2

Please print clearly or type responses

Section 1

1. Name
2. Address
3. Phone Number: ()
4. Email
5. Do you require information in an accessible format?
 Large Print Audio (Audio tape/disc) TDD
 Other
specify:

Section 2

6. Are you filing this complaint on your own behalf? Yes* No
***If you answered Yes please skip to Section 3.**
7. What is the name of the person for whom you are filing this complaint?
Name:
8. What is your relationship with this person?
Relationship:
9. Please explain why you have filed for a third party:
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.
 I HAVE obtained permission to file this complaint on behalf of the person named in Question 7a.
 I HAVE NOT obtained permission to file this complaint on behalf of the person named in Question 7a.

Section 3

11. I believe the discrimination I experienced was based on (*check all which apply*)
 Race Color National Origin
12. Date of alleged discrimination (*mm/dd/yyyy*) ____ / ____ / _____
13. Please explain as clearly as possible what occurred and why you believe you were discriminated against. Describe all persons who were involved and provide contact information of the person(s) if available/known. Please also provide the names and contact information of any witnesses involved. If additional space is needed, please use the back of this form or attach pages as necessary.

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Section 4

14. Have you previously filed a Title VI complaint with the City of Taft? Yes No

15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
 Yes No* *If No, please skip to Section 5.

15.a If Yes, Please indicate where you have filed this complaint:

Federal Agency specify: _____

State Agency specify: _____

Local Agency specify: _____

Federal Court specify: _____

State Court: specify: _____

15b. Please provide contact information for the agency and/or court where this complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Phone Number: () _____

Email: _____

Section 5

Please indicate who you are filing this complaint against:

Taft Area Transit City of Taft

Other agency and/or person specify: _____

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

Signature and date are required below to complete the form.

Signature _____ **Date** ____ / ____ / _____

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

TAT Title VI Program Administrator
209 E. Kern Street
Taft, CA 93268