

TITLE VI DISCRIMINATION COMPLAINT FORM

Yuba-Sutter Transit Authority, 2100 B Street, Marysville, CA 95901

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:		1			
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this complain	nt 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:					
If you are filing on behalf of a third party, please confirm that Yes No					
If you are filing on behalf of a third party, please confirm that you have obtained the permission of the aggrieved party.			1 05	INO	
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 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 attach additional pages.					
Section IV:	Title VI complaint milt	this case	y) Vaa	No	
Have you previously filed a	i fille vi complaint with	unis agency	Y? Yes	No	
				BACK→	

Section V:				
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:				
[] Federal Court	[] State Agency			
[] State Court	[] Local Agency			
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI:				
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 required below

Signature

Date

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

Yuba-Sutter Transit ATTN: Transit Manager 2100 B Street Marysville, CA 95901 Phone: (530) 634-6880 Fax: (530) 634-6888