TITLE VI COMPLAINT FORM

Section A:

Name: 

Address: 

Phone (Home):  Phone (Mobile/Work): 

E-Mail Address: 

Accessible Format Requirements?  Large Print  Audio Tape  TDD  Other 

Section B:

Are you filing this complaint 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 filing the complaint:

Please explain why you have filed for a third party:

Please confirm you have obtained permission from the aggrieved party, if you are filing on behalf of a third party.  Yes  No

Section C:

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 use the back of this form.

_________________________________________________________________________________________________________________________________________________________________
### Section D

Have you previously filed a Title VI complaint with this agency?  
- Yes  
- No

### Section C

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 E

Name of agency complaint is against: __________________________  
Contact person: __________________________  
Title: __________________________  
Telephone number: __________________________

You may attach any written materials or other information you consider relevant to your complaint. Your signature and date required below.

SIGNATURE: __________________________  
DATE: __________________________

Please submit this form and any supporting documents via mail or in person to the address below:

**Victor Valley Transit Authority**  
ATTN: Title VI Coordinator  
17150 Smoketree Street  
Hesperia, CA 92345