



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):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> 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