



TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. In addition to Title VI, VVTA also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation.

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please let us know by calling 760-948-4021, ext. 140

Complete and return this form to: Victor Valley Transit Authority,
17150 Smoke Tree St., Hesperia, CA 92345

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|--|-------------|--|----------------------|----|
| 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 C. | | | | |
| If "no", please supply the name and relationship of the person for whom you are filing the complaint: | | | | |
| Please explain why you have filed _____ on behalf of someone else: | | | | |
| Please confirm you have obtained permission from the aggrieved party, if you are filing on behalf of someone else. | | | 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 <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Marital Status <input type="checkbox"/> Medical Condition <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Other _____ | | | | |
| 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 E: | | |
| 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 F: | | |
| 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: Customer Service Representative
 17150 Smoke Tree Street
 Hesperia, CA 92345