



RIDES MEALS CLASSES CARE ADVICE

Title VI Complaint Form

Section I (Please write legibly)

1. Name:		
2. Address:		
3. Phone:		
3.a. Secondary Phone (optional):		
4. Email:		
5. Accessible Format Requirements:	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other

Section II

6. Are you filing this complaint on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "Yes" to question 6, go to section III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm you have obtained permission of the aggrieved party to file on their behalf.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section III

11. 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
12. Date of alleged discrimination: (mm/dd/yyyy)
13. 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 sheets of paper.

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Section IV

14. Have you previously filed a Title VI complaint with Vivalon? Yes No

Section V

15. 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 _____ State Agency _____
 Federal Court _____ Local Agency _____
 State Court _____

16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Phone:

Email:

Section VI

Name of Transit Agency complaint is against:

Contact:

Phone:

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date are required below to complete form.

Signature: _____ Date: _____

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

Vivalon, Title VI Coordinator
930 Tamalpais Ave
San Rafael, CA 94901