

## TRINITY TRANSIT Title VI Complaint Form

**TRINITY TRANSIT, a Division of Trinity County Department of Transportation**

**P.O. BOX 2490, 31301 State Highway 3, Weaverville, CA 96093**

### **TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Violation: \_\_\_\_\_ Time of Violation: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_ Place of Violation: \_\_\_\_\_

Bus Number: \_\_\_\_\_ Bus Route: \_\_\_\_\_

Discrimination because of:     Race                       Color                       National Origin

Please provide the name(s) of the Trinity County Department of Transportation Transit Division employee(s) who allegedly discriminated against you, including their job titles (if known).

Identify what Trinity County Department of Transportation Transit Division service, program, or activity did not comply with Title VI of the Civil Rights Act of 1964.

Identify any witnesses that have information relating to the violation by name, address and phone number. \_\_\_\_\_

Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other individuals were treated differently from you. If more space is needed additional page(s) may be attached.

*Signature of Complainant:* \_\_\_\_\_ *Date:* \_\_\_\_\_