

**San Benito County Local Transportation Authority
 Title VI Complaint Form**

Name of Complainant		Home Telephone
Home Address (Street, City , State, Zip)		Work Telephone
Race / Ethnic Group	Sex	Email Address
Person Discriminated Against (If Other than Complainant)		Home Telephone
Home Address (Street, City , State, Zip)		Work Telephone

1. Specific Basis of Discrimination (Check appropriate box(es)):

- Race Color National Origin

2. Date of Alleged Discriminatory Act(s): _____

3. Respondent (Individual Complaint Filed Against)

Name	
Position	Work Location

4. Describe how you were discriminated against. What happened and who was responsible?
 For additional space, attach additional sheets of paper.

