

**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.

[illegible]

5. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? ☐ Yes ☐ No

a. If answer is yes, check each agency complaint was filed:

☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court

☐ Local Agency ☐ Date Filed: _____

6. Provide contact person information for the additional agency or court:

Name	
Street Address (Street, City , State, Zip)	Telephone

Sign complaint in the space below. Attach any support documents:

Signature	Date
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