

# SonomaCountyTransit

## Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground 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.”

Title VI complaints must be filed within 180 days from the date of the alleged discrimination. If you wish to submit a Title VI complaint to Sonoma County Transit, please complete this form and send it to:

Sonoma County Transit  
355 W. Robles Ave.  
Santa Rosa, CA 95407  
Attn: Title VI Coordinator

The following information is necessary to assist us in processing your complaint. Should you have any questions about completing this form, please contact the Title VI Coordinator at 707-585-7516.

PLEASE PRINT CLEARLY

### Complainant:

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Person discriminated against (if someone other than the complainant):

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Please check which of the following best describes the type of alleged discrimination experienced:**

Race                       Color                       National Origin

**Please describe the alleged discrimination incident:**

Date of incident: \_\_\_\_\_ Approximate time of day: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Is the activity or incident still going on:  Yes     No     Sometimes

In your own words, please describe the alleged incident, what happened, and who you believe is responsible. Please provide as much detail as possible. 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. Please include route number and direction of travel, and the bus number if applicable. Attach additional page if more space is required.

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Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?:         Yes         No

If yes, please provide contact information for the agency/court where the complaint was filed:

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please sign below.** You may attach any written materials or other information you think is relevant to your complaint.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_