Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds 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." Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Western Contra Costa Transit Authority
601 Walter Avenue, Pinole, CA 94564

1. Complainant's Name:

2. Address:

3. City: State: Zip Code:

4. Telephone No. (Home): (Business):

5. Person discriminated against (if other than complainant)

   Name:

   Address:

   City: State: Zip Code:

6. What was the discrimination based on? (Circle all that apply):

   Race
   Color
   National Origin

7. Date of incident resulting in discrimination:
8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

9. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Circle appropriate answer)

Yes               No

If answer is yes, circle each agency complaint was filed with:

Federal Agency
Federal Court
State Agency
State Court Local
Agency Other

10. Provide contact person information for the agency you also filed the complaint with:

Name: _______________________________________________________________

Address: _____________________________________________________________

City: __________________________ State: ______ Zip Code: ___________________

Date Filed: _______________________

11. Sign the complaint in the space below. Attach any documents you believe supports your complaint.

Complainant's Signature ___________________________ Date ___________________