## WESTERN CONTRA COSTA TRANSIT AUTHORITY (WESTCAT)

## 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 (WestCAT)				
601 Walter Avenue, Pinole, CA 94564				
Fax: (510)-724-5551				
Email: <u>civilrights@westcat.org</u>				

1. Complainant's Name:				
2. Address:				
3. <i>City:</i>	_State:	_Zip C	ode:	
4. Telephone No. (Home):		_(Busin	ness):	
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

If information is needed in another language, please contact 1-510-724-3331.

Si necesita información en Español, llame al 1-510-724-3331.

如果需要中文信息, 请致电 I-510-724-3331.

Kung kailangan ng impormasyon sa Tagalog, mangyaring tumawag sa 1-510-724-3331.