



Title VI Complaint Form

Complaints must be filed within 180 days of the alleged act of discrimination.

SECTION I				
Last Name		First		M.I. Date
Street Address				Apartment/Unit #
City		State		ZIP
Phone		E-mail Address		
Accessible format requirements? (CHECK ALL THAT APPLY)	Large Print	<input type="checkbox"/>	TDD	<input type="checkbox"/>
	Audio Tape	<input type="checkbox"/>	Other:	
SECTION II				
Are you filing this complaint on your own behalf?		*YES <input type="checkbox"/>	NO <input type="checkbox"/>	*If you answered "yes" to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are filling this complaint:				
Please explain why you are filing for this person:	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>			
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.		YES <input type="checkbox"/> NO <input type="checkbox"/>		
SECTION III				
I believe the discrimination I experienced was based on (check all that apply):	Race	<input type="checkbox"/>	Other:	
	Color	<input type="checkbox"/>		
	National Origin	<input type="checkbox"/>		
Date of Alleged Discrimination (MM/DD/YYYY):				

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved including the name and contact information of the person(s) who discriminated against you (if known). Also include the names and contact information of any witnesses. Attach additional page(s) if necessary:

SECTION IV

Have you filed a complaint with any other Federal, State, or Local agency, or with any Federal or State court?

YES ☐ NO ☐

If yes, check all that apply:	Federal Agency	<input type="checkbox"/>	
	Federal Court	<input type="checkbox"/>	
	State Agency	<input type="checkbox"/>	
	State Court	<input type="checkbox"/>	
	Local Agency	<input type="checkbox"/>	

Please list any other information about agency previously filed with:

SECTION V

Please attach any additional written material or other information that you think is relevant to your complaint.

SIGN HERE:

DATE:

NOTE: The Alameda CTC cannot accept your complaint without a signature.

Please submit the completed, signed complaint form to:

Title VI Officer
Alameda County Transportation Commission
1111 Broadway, Suite 800, Oakland, CA 94607
Phone: 510.208.7400
Email: contact@alamedactc.org