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."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Title VI Transit Liaison, LADOT Transit Bureau, 100 S. Main St, 10th Floor, Los Angeles, CA 90012.

1. Complainant's Name : _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home): (business): _____

5. Email Address: _____

6. Are you filing this claim for yourself? ☐ yes   ☐ no

If not, please state name of person discriminated against:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to you: _____

Reason you are filing for the complainant: _____

_____

_____

7. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

    a. Race/Color: ☐
    b. National Origin: ☐

8. What date did the alleged discrimination take place? _____

9. In your own words, please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Include names, route numbers, bus numbers, witness names or any other information you think may be relevant. Please use the back of this form if additional space is required.

_____

_____

_____

_____

10. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?   ☐ Yes   ☐ No

    If yes, check each box that applies:

    ☐ Federal agency
    ☐ Federal court
    ☐ State agency
    ☐ State court
    ☐ Local agency

11. If you filed this complaint elsewhere as well, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

_____
Complainant's Signature

_____
Date