



## Civil Rights Complaint Form (Title VI and ADA)

<b>Section I: Complainant</b>				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email address:				
Accessible Format	Large Print		Audio Tape	
	IDD		Other	
<b>Section II: Person Discriminated Against (If Different from Complainant)</b>				
Are you filing this complaint on your own behalf?			No	Yes*
*If you answered "yes" to this question, go to Section III.				
If no, please supply the relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
_____				
_____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			No	Yes
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email address:				
Can this person be contacted by telephone or mail?			No	Yes*
<b>Section III: Complaint</b>				
<input type="checkbox"/>	Title VI	<input type="checkbox"/>	ADA	
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/>	Race	<input type="checkbox"/>	Color	
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Disability	
<input type="checkbox"/>	Other (please explain):			
Date and time of Alleged Discrimination (Month/Day/Year)				



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**Section III: Complaint (Continued)**

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved, 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. If more space is needed, please attach additional page(s) to this form.

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<b>Section IV: Prior Complaint(s)</b>			
Have you previously filed a Title VI/ADA complaint with this agency?		No	Yes
<b>Section V: Prior Filing(s)</b>			
Have you filed this complaint with any other Federal, State, or local agency/court?		No	Yes
If yes, check all that apply:			
<input type="checkbox"/>	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"/>	County Court
When was the complaint filed? (Month/Day/Year)			
Please provide information about a contact person at the agency/court where the complaint was filed.			
Name:			
Title:			
Agency/Court:			
Address:			
Telephone Number:			
Email address:			

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

Signature and date required below:

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Complainant's Signature Date

\_\_\_\_\_

Assisting Complainant's Signature Date

Send complaints to: Union City Transit Civil Rights Coordinator  
 Mail: 34009 Alvarado-Niles Road, Union City, CA 94587  
 Email: transit@unioncity.org  
 Fax: 510.675.9885