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.”

Note: 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 Coordinator, Union City Transit, 34009 Alvarado-Niles Road, Union City, CA 94587.

1. Complainant
Name_____________________________________________________________
Address___________________________________________________________
City, State and Zip Code______________________________________________
Telephone Number (home) ________________ (business) _________________

2. Person discriminated against (if someone other than the complainant)
Name_____________________________________________________________
Address___________________________________________________________
City, State and Zip Code______________________________________________
Can this person be contacted by telephone or mail? Yes / No (Circle One)
Telephone Number (home) ________________ (business) _________________
3. Which of the following best describes the reason you believe the discrimination took place? Was it because of:


4. What date or dates did the alleged discrimination take place?

   (Month/Day/Year)   _______________________

5. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use additional pages if more space is required.

   ___________________________________________________________________
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6. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?  Yes / No  (Circle One)
If yes, circle all that apply:
Federal agency  State agency  Local agency
Federal court  State court

7. Please provide information about a contact person at the agency/court where the complaint was filed.
Name____________________________________________________________
Address___________________________________________________________
City, State and Zip Code_____________________________________________
Telephone Number_________________________________________________

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

____________________________________  _______________________
Complainant’s Signature    Date