



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.”

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) _____

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