Ventura County Transportation Commission
Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall,on the grounds of race, color or national origin, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The requested information will assist us in processing your complaint. Please let us know if you require any assistance in completing this form.

Complete and return this form to:

VCTC Transit Director
751 E. Daily Drive #420
Camarillo, CA 93010

1. Complainants Name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code:_____
4. Telephone Number (home): _____ (business): _____
5. Person discriminated against (if someone other than the complainant):

   Name:_____

   Address:_____

   City: _____ State: _____ Zip Code:_____

   Telephone Number (home) _____ (business): _____
6. 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: ☐
7. What date did the alleged discrimination take place? _____
8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.
9. 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

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Title VI Complaint Form (cont.)

10. Please provide information about a contact person at the agency/court where the complaint was filed.

    Name:_____

    Address:_____

    City: _____ State:_____ Zip Code:_____

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

    _____ _____

    Complainant's Signature Date