## 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

Name:

1.	Complainants Name:			
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2. Address: \_\_\_\_\_

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

Address:			
Audress	 		
	_	 	

City:	State:		Zip Code:_	
$\mathbf{T}$		(1)		

l elephone Number	(home)	(business	):
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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 F	orm (cont.)		
10. Ple	ase provide info	ormation about a	contact person a	at the agency/cour	t where the complaint	was
fileo	d.					
Nai	me:					
Ado	dress:					
City	y:		State:	Zip Code:		
	ase sign below. evant to your co		any written ma	erials or other info	ormation that you think	is
Cor	mplainant's Sigi	nature		ate		