

Title VI-Civil Rights Complaint Form



SECTION 1

First Name:

Last Name:

Address:

City, State & Zip Code:

Telephone Numbers:

Home:

Work:

ACCESSIBLE FORMAT(S) REQUIREMENT (PLEASE CHECK ALL THAT APPLY):

Large Print:

Audio Tape:

TDD:

Other:

SECTION II

Are you filing this complaint on your own behalf
(Please circle)?

YES

NO

(If you answered "YES" to this question, go to Section III.)

If not, please supply the name and relationship of the person for whom you are complaining:

First Name:

Last Name:

Please explain why you have filed for a third party.

Please confirm that you have obtained permission
of the aggrieved party if you are filing on behalf
of a third party (Please circle).

YES

NO

SECTION III

Have you previously filed a Title VI complaint
(Please circle)?

YES

NO

If yes, what was your FTA Complaint Number?

Complaint Number:

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

SECTION III CONTIUNED

Have you filed a complaint with the following agencies (Please check all that apply):

Transit Provider:		
Department of Transportation:		
Department of Justice:		
Equal Employment Oppourtunity Commission:		
Other (Please be specific):		
Have you ever filed a lawsuit regarding your complaint (Please circle)?	YES	NO

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issue, we defer to the decision of the court.]

SECTION IV

Which of the following best describes the reason you believe the discrimination took place? Was it because of your (Please check all that apply):

Race:		National Origin:	
Age:		Gender or Gender Expression:	
Sex:		Disability:	
Religion:		Medical Condition:	
Marital Status:		Sexual Orientation:	

On separate sheets, please describe your complaint. You should include specific details such as name, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

SECTION V

May we release a copy of your complaint to the transit provider (Please circle)?	YES	NO
May we release your identity to the transit provider (Please circle)?	YES	NO

SIGNATURES:

Signature:

Printed Name:

Date:

[Note: We cannot accept your complaint without a signature.]

Please submit this form, with attachments, in person at the address below or mail form to:

Vice President of Program Operations
 New Horizons: Serving Individuals with Special Needs
 15725 Parthenia Street
 North Hills, CA 91343