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.”

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 the Title VI Coordinator: Imperial County Transportation Commission, 1503 N. Imperial Ave. Suite 104 El Centro, CA 92243.

1. Complainant’s Name _____________________________________________________
2. Address: _______________________________________________________________
3. City: ____________________ State: _____________________ Zip Code: __________
4. Telephone Number (Home): __________________ (Business): _________________
5. Person discriminated against (if someone other than the complainant):
   Name: ______________________________ Relationship:________________________
   Address: _______________________________________________________________
   City: ______________________ State: ____________________ Zip Code: __________
   Please explain why you have filed for a third party: __________________________
   Please confirm that you have obtained the permission of the aggrieved party: Yes ☐ No ☐
6. Which of the following best describes the reason you believe the discrimination took place?
   a. Race: ☐
   b. Color: ☐
   c. National Origin: ☐

7. What date did the alleged discrimination take place? ____________________________

8. In your 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, please check each box that applies:
   Federal Agency ☐ Federal Court ☐ State Agency ☐
   State Court ☐ Local Agency ☐

10. Please provide information about a contact person at the agency/court where the complaint was filed.
   Name: ____________________________________________________________
   Address: ____________________________________________________________
   City: _________________ State: _________________ Zip Code: __________
   Telephone number: _________________

11. Signature and date required below. You may attach any written materials or other information that you think is relevant to your complaint.
   Complainant’s Signature ____________________ Date ____________________