

**Title VI Complaint Form**

<b>Section I: Please write legibly</b>		
1. Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone (Optional):	
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
6. Are you filing this complaint on your own behalf?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
	*If you answered "YES" to #6, go to Section III.	
7. If you answered "NO" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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<b>Section III:</b>		
11. I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> <b>Race</b> <input type="checkbox"/> <b>Color</b> <input type="checkbox"/> <b>National Origin</b>		
12. Date of alleged discrimination: <i>(mm/dd/yyyy)</i>		
13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please attach additional sheets of paper.		
<b>Section IV:</b>		
14. Have you previously filed a Title VI complaint with AltaMed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Section V:</b>		
15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____		

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**Section V (continued):**

16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Section VI:**

Name of Transit Agency compliant is against:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**Signature and date are required below to complete form:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form in person or mail this form to the address below:

**AltaMed, Title VI Coordinator  
2040 Camfield Ave.  
Commerce, CA 90040**