**Title VI Complaint Form**

**Section I: (Please write legibly)**

1. Name:
2. Address:
3. Telephone: 3.a. Secondary Phone (optional):
4. Email Address (optional):
5. Accessible Format Requirements? [ ] None OR

[ ] Large Print [ ] Audio Tape [ ] TDD [ ] Other

**Section II:**

1. Are you filing this complaint for yourself? Yes\*\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

\*If you answered “yes” to #6, go to Section III.

1. If you answered “no” to #6, what is the name of the person for whom you are filing this complaint? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship with this person?
3. Please explain why you have filed for this person:
4. Have you obtained permission from this person to file a complaint? Yes No

**Section III:**

1. I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin

1. Date of alleged discrimination:
2. Explain 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 use the back of this form.

**Section IV:**

1. 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 all that apply:

[ ] Federal Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Federal Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Local Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] State Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 V:**

Name of Transit Agency complaint is against:

Contact Person:

Telephone:

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

Signature and date are required to complete this form:

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

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

Kern Transit

Title VI Compliance Coordinator

2700 M Street Suite 400

Bakersfield, CA 93301