

TITLE VI (Civil Rights) COMPLAINT FORM

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that *no person in the United States shall, on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*

Instructions: To submit a complaint against Yakima Transit, please fill out the information below and forward it to Yakima Transit's Administration Office: **Yakima Transit, 2301 Fruitvale Blvd., Yakima, WA 98902-1228.**

If you need assistance filling out the form or have any questions or want additional information, call us at (509) 575-6426 or e-mail us at asktransit@ci.yakima.wa.us

1. Full Name: (Complainant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

2. Name of Person discriminated against if not the complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Type of Discrimination: Race/Color National origin Vietnam Era Veteran Creed/religion
 Sexual orientation Disabled Veteran Disability Marital status Retaliation Age

4. Date/Time: _____

5. Name of staff person involved/position (If known): _____

6. Incident Location (if on a bus, please state the route): _____

7. Explain as briefly and clearly as possible in your own words what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons may have been treated differently than you. Also, attach any written material pertaining to the event.

8. Why do you believe these events occurred?

9. What other information do you think is relevant to the investigation?

10. How can this/these issue(s) be resolved to your satisfaction?

11. Please list below any person (s) we may contact for additional information to support or clarify your complaint (witnesses):

Name: _____

Address: _____

Phone number: _____

12. Have you ever 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 Federal Court State Court Local Agency State Agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court: _____

Contact's Name: _____

Address: _____

Phone number: _____

X _____
Signatures (Complainant)

Date of filing