# Title VI Complaint Form

## Section I: Please write legibly

1. Name:

2. Address:

3. Telephone:  
   3.a. Secondary Phone *(Optional)*:

4. Email Address:

5. Accessible Format Requirements?  
   [ ] Large Print  
   [ ] Audio Tape  
   [ ] TDD  
   [ ] Other

## Section II:

6. Are you filing this complaint on your own behalf?  
   [ ] YES*  
   [ ] 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.  
    [ ] YES  
    [ ] NO
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**Section III:**

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

- [ ] Race
- [ ] Color
- [ ] National Origin

12. Date of alleged discrimination: (mm/dd/yyyy)

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.

**Section IV:**

14. Have you previously filed a Title VI complaint with AltaMed?

- [ ] YES
- [ ] NO

**Section V:**

15. 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 ____________________________
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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