Shasta Regional Transportation Agency Title VI Complaint Form		
Section I: ***Please write legibly***		
1. Name:		
2. Address:		
3. Telephone :	3.a. Secondary Phone (*Optional*):	
4. Email Address:		
5. Desired communication methods for following up on complaint?	[ ] Large Print	[ ] Audio Tape
	[ ] Telecommunications Device for the Deaf (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 from the aggrieved party to file on their behalf.	Yes	No

Shasta Regional Transportation Agency Title VI Complaint Form Page 2

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 use the back of this form.

Section IV:

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

Shasta Regional Transportation Agency Title VI Complaint Form Page 3	
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 agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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 by mail, to the address below:

SRTA Title VI Program Administrator

1255 East Street, Suite 202

Redding, CA 96001