SolTrans Title VI Civil Rights Complaint Form

Name: ____________________________________________________________

Address: __________________________________________________________________________

City: __________________ State: _____ Zip Code: ______________

Home Tel. No: ______________ Work Tel. No: _________________________

Were you discriminated against because of (please check one)?
☐ Race       ☐ National Origin ☐ Color       ☐ Other ____________________________

Date of Alleged Incident: _______________________

In the space provided below, please explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form.

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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         ☐ Federal Court  ☐ State Agency    ☐ State Court
☐ Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: ____________________________________________________________

Address: __________________________________________________________________________

City: __________________ State: _____ Zip Code: ______________

Tel. No: ______________
Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

_________________________  ______________________
Signature                   Date

Please mail this form to:

SoITrans
Civil Rights Officer
311 Sacramento Street
Vallejo, CA 94590