



Solano County Transit

311 Sacramento Street, Vallejo, CA 94590 · Main Tel. / Fax (707) 736-6990

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.

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:

SolTrans
Civil Rights Officer
311 Sacramento Street
Vallejo, CA 94590