Discrimination Complaint Form

Your Name: ___________________________  Your Phone: (____)______
Address: _____________________________  City, State, Zip ___________________
Email: _______________________________  Incident Date: ____________

On what basis were you allegedly discriminated against?

<table>
<thead>
<tr>
<th>ADA</th>
<th>Title VI</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Disability</td>
<td>☐ Race</td>
<td>☐ Gender/Gender Identity</td>
</tr>
<tr>
<td>☐</td>
<td>☐ Color</td>
<td>☐ Sexual Orientation</td>
</tr>
<tr>
<td>☐</td>
<td>☐ National Origin</td>
<td>☐ Religion</td>
</tr>
</tbody>
</table>

In the space provided below, please explain as clearly as possible what happened and how you were allegedly discriminated against. Indicate who was involved and who you believe was responsible. If more space is needed, you may continue on the back of this form or attach a letter.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you filed this complaint with another federal, state, or local agency?  ☐ Yes  ☐ No
If so, please provide the information for the agency contacted, below:

Agency: _______________________________  Phone: (____)______
Address: _______________________________  City, State, Zip ___________________
Email: _______________________________  Contact Name: ___________________
Please sign below. By signing this form you affirm that the complaint as described above is true to the best of your knowledge.

Signature:                                      Date:

Please mail this completed form to:

SolTrans
Attn: Civil Rights Officer
311 Sacramento Street
Vallejo, CA 94590