# RICHMOND PARATRANSIT

## TITLE VI COMPLAINT FORM

### SECTION I:

1. NAME: 

2. ADDRESS: 

3. TELEPHONE  
   3. A. SECONDARY PHONE: 

4. EMAIL ADDRESS: 

5. ACCESSIBLE FORMAT REQUIREMENTS? 

### SECTION II:

6. ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF  
   YES*  
   NO  

   * IF YOU ANSWERED “YES”, 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  

### 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
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 Richmond Paratransit? 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 _______________________________________
( ) Local Agency _______________________________________
( ) Federal Court _______________________________________
( ) State Court _______________________________________

16. If you answered “yes” to #15, provide information about a contact person at the agency/court where the complaint was filed.
NAME:
<table>
<thead>
<tr>
<th>TITLE:</th>
<th>AGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>TELEPHONE:</td>
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<tr>
<td>EMAIL:</td>
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SECTION VI

| NAME OF TRANSIT AGENCY COMPLAINT 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 the form:

Signature: ___________________________  Date: ___________________________

Please submit this form in person or mail this form to:
Richmond Paratransit
Title VI Coordinator, Lori Reese-Brown
450 Civic Center Plaza, 3rd Floor
Richmond, CA 94804