

Valley Transit District/Council of Governments Title VI Discrimination Complaint Form

Complainant's Name: _____

Street Address: _____

City/State/ Zip: _____

Phone: _____ E-Mail (if Available) _____

Discrimination because of: Race Color National Origin Gender
 Age Disability Other

Please provide the date(s) and location(s) of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you, including their titles (if known).

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible; what happened, how you felt that you were discriminated against and who was involved. If applicable, please include how other persons were treated differently from you in the same circumstances.

Signature: _____ Date: _____

You may use additional sheets of paper if necessary. Also, please include any written materials pertaining to your complaint.