

Corcoran Area Transit
Title VI Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Any person who believes that he or she has been subject to discrimination on the ground of and of the following Race Color Age Disability Religion Gender National Origin may file a complaint with the City of Corcoran.

All complaints alleging discrimination should be submitted in writing directly to the Corcoran Area Transit Coordinator at the address below. The Transit Coordinator along with the Public Works Director shall be responsible for overseeing the investigations and responses to complaints of discrimination.

Date of Alleged Incident: _____

Explain as clearly as possible the nature of the complaint. Indicate specific details such as name of agency, name(s) of individuals involved, dates, times, witnesses, and any other information that would assist us in our investigation. If more space is needed please use the back of the form.

Have you filed this complaint with any of the following agencies? ___ Yes ___ No if yes check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Corcoran Area Transit | <input type="checkbox"/> California Department of Transportation |
| <input type="checkbox"/> City of Corcoran | <input type="checkbox"/> Federal Agency |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Federal Court |
| <input type="checkbox"/> State Court | <input type="checkbox"/> Local Agency |

Please provide information about a contact person at the agency/court where the complaint was filed along with a copy of complaint form.

Are you filling this complaint on your own behalf?

- Yes No

If not, please supply the name and relationship of the person for whom is completing Title VI Complaint Form:

_____ Name

_____ Relationship

_____ Address, City, State, Zip Code

_____ Telephone Number

Please confirm that you have obtained the permission of the aggrieved party in you are filling on behalf of a third party. Yes No

Signature

Date

Please mail this form to:

City of Corcoran
C-A-T
Atten: Transit Coordinator
832 Whitley Avenue
Corcoran, CA 93212