What is Title VI of the Civil Rights Act of 1964?
Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin in programs and activities receiving Federal financial assistance.

Pacific Transit is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.B. If you believe you have been subjected to discrimination under Title VI, you may file a complaint.

How to file a Title VI Complaint?
You may file a signed, written complaint up to one hundred and eighty (180) days from the date complainant became aware of the incident. The complaint should include the following information:

- Your name, mailing address, and telephone number(s)
- How, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.
- Other information that you deem significant

The complaint may be filed in writing with Pacific Transit at the following address:

Pacific Transit System, Title VI Coordinator
216 N. 2nd Street
Raymond, WA 98577
Phone: 360-875-9418
Fax: 360-942-3193

NOTE: Pacific Transit encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by fax, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than 180 days from date the complainant became aware of the incident.

What happens to my complaint after it is submitted to Pacific Transit?
All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by Pacific Transit will be directly addressed by Pacific Transit. Pacific Transit shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, Pacific Transit shall make every effort to address all complaints in an expeditious and thorough manner.
In instances where additional information is needed for investigation of the complaint, Pacific Transit will contact the complainant in writing. Please note that in responding to any requests for additional information, a complainant’s failure to provide the requested information may result in the administrative closure of the complaint.

Once sufficient information for investigating the complaint is received by Pacific Transit, a written response will be drafted subject to review by the transit’s attorney. If appropriate, Pacific Transit’s attorney may administratively close the complaint. In this case, Pacific Transit will notify the complainant of the action as soon as possible. Every effort will be made to respond to Title VI complaints within 60 working days of receipt of such complaints.

How will I be notified of the outcome of my complaint? Pacific Transit will send a final written response to the complainant and advise the complainant of his or her right to: (a) appeal within seven (7) calendar days of receipt of the final written decision from Pacific Transit; and/or (b) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration.

If the complainant is not satisfied with the outcome of the complaint, they have the right to file a complaint or lawsuit with one of the following organizations:

**Washington State Department Of Transportation**
Public Transportation Division
Attn: Title VI Coordinator
P.O. Box 47387
Olympia, WA 98504-7387

**Federal Transit Administration**
Attn: Title VI Program Coordinator
East Building, 5th Floor - TCR
1200 New Jersey Ave, SE
Washington, DC 20590

**U.S. Department of Justice**
Civil Rights Division
Coordination and Review
Section - NWB
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

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TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Pacific Transit System
Title VI Coordinator
216 N. 2nd Street
Raymond, WA 98577
Phone: 360-875-9418
Fax 360-942-3193

Please print clearly:

Name: __________________________________________________________

Mailing Address: ________________________________________________

City, State, Zip Code: ____________________________________________

Telephone Number: ________ (home) ________ (cell) ________ (message)

Person discriminated against: _____________________________________
(If different than above)

Mailing Address of person discriminated against: ______________________

City, State, Zip Code: ____________________________________________

Please indicate why you believe the discrimination occurred:

___ race or color

___ national origin

___ income

___ other

What was the date and time of the alleged discrimination? ________________

Where did the alleged discrimination take place? _________________________
Driver's name (if known):

Please describe the circumstances as you saw it:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list any and all witnesses' names and phone numbers:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What type of corrective action would you like to see taken?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at the address listed on page 1 of this document.

Your signature

Printed name

Date