



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 to assist us in processing your complaint and send it to:

Pacific Transit System
Title VI Coordinator
308 Commercial Street
Raymond, WA 98577-2406
Phone: 425-677-9537
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

_____ national origin

_____ color

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 that support the allegation. Then date and sign this form and send it to the Title VI Coordinator at the address listed on page 1 of this document.

Your signature

Printed name

Date