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| **SECTION I: PLEASE WRITE LEGIBLY** |
| 1: Name: |
| 2. Address:  City: State: |
| 3. Telephone: 3.a. Secondary phone (Optional) |
| 4. Email Address: |
| 5. Accessible Format [ ]LARGE PRINT [ ] AUDIO TAPE  Requirements? [ ]TDD [ ] OTHER |
| **SECTION II:** |
| 6. Are you filing this complaint on your own behalf? YES\* [ ] NO [ ] |
| \*If you answered “yes” to #6, go to Section III. |
| 7. If you answered “no” to #6, what is the name of the person for whom you are filing a complaint?  Name: |
| 8. What is your relationship with this individual: |
| 9. Please explain why you 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: (MM/DD/YYYY) |
| 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 naves and contact information of any witnesses. If  more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION IV:** |
| 14. Have you previously filed a Title VI complaint With Glenn County Education?  [ ]Yes [ ]No |
| **SECTION V:** |
| 15. Have you filed this complaint with any other Federal, State, or Local Agency, or and  Federal or State Court?  [ ]Yes \* [ ]No  If yes, check all that apply:  [ ] Federal Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]Federal Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Local Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]State Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 16. If you answered “yes” #15 provide information about a contact person at the agency/court where  the complaint was filed. |
| Name: |
| Title: |
| Agency: |
| Address: |
| Telephone: Email: |
| **SECTION VI:** |
| Name of Transit Agency complaint 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 form:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- The complainant may also file a complaint directly with the Federal Transit Administration, as follows:

Title VI Program Coordinator, FTA Office of Civil Rights, East Building 5th Floor-TCR,

1200 New Jersey Ave., S.E., Washington, D.C. 20590

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