



## 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 wish to submit a Title VI complaint to SunLine Transit Agency, please complete this form and send it to:

SunLine Transit Agency  
Attn: Director of Planning/Title VI Officer  
32-505 Harry Oliver Trail  
Thousand palms, CA 92276  
O (760) 343-3456  
F (760) 343-0576

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Ste, Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

If applicable name and title of persons(s) who allegedly discriminated against you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check which of the following best describes the type of discrimination experienced:

- Race
- Color
- National Origin

What date did the alleged incident take place: \_\_\_\_\_

Name the location where the alleged incident took place: \_\_\_\_\_

Is this activity or incident still on going? \_\_\_\_\_

In your own words, please describe the alleged incident and explain what happened and whom you believe was responsible. \_\_\_\_\_

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Please list any person(s) we may contact for additional information to support your complaint.

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Have you filed this complaint with any other federal and state agency, or with any federal or state court?  Yes  No

If yes, check all that apply:

Federal Agency  Federal Court  State Agency  State Court

Please provide the name and phone number of the contact persons at the agency/court where the complaint was filed: \_\_\_\_\_

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Please sign below and attach any written or other information that you think is relevant to your complaint. \_\_\_\_\_

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