



TITLE VI COMPLAINT FORM

Persons who believe they have been discriminated against based on race, color, or national origin by SunLine may complete and submit this Title VI Complaint Form to:

SunLine Transit Agency
Attn: Title VI Officer
32-505 Harry Oliver Trail
Thousand Palms, CA 92276

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, Street, Zip Code: _____

Telephone: Home: _____ Cell: _____

Email: _____

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:

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

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

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:

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

Signature: _____