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. ___________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

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: _________________________________ Date: __________________________