

**San Francisco Bay Area Rapid Transit District  
Title VI Complaint Form**

Title VI of the Civil Rights Act of 1964 states "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." Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: San Francisco Bay Area Rapid Transit District, Office of Civil Rights, 300 Lakeside Drive, Suite 1800, Oakland CA, 94612.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

5. Person discriminated against (if other than complainant)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What was the discrimination based on? (Check all that apply):

- |                                   |                  |
|-----------------------------------|------------------|
| _____ Race/Color                  | _____ Sex        |
| _____ National Origin             | _____ Disability |
| _____ Low Income                  | _____ Elderly    |
| _____ Limited English Proficiency |                  |

7. Date of incident resulting in discrimination: \_\_\_\_\_

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.

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9. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check appropriate space) Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, check each agency complaint was filed with:

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency \_\_\_\_\_

State Court \_\_\_\_\_ Local Agency \_\_\_\_\_ Other \_\_\_\_\_

10. Provide contact person information for the agency you also filed the complaint with:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

11. Sign the complaint in space below. Attach any documents you believe supports your complaint.

\_\_\_\_\_  
**Complainant's Signature**

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

