Central Contra Costa Transit Authority
Title VI Complaint Form

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: CCCTA Civil Rights Administrator, 2477 Arnold Industrial Way, Concord, California, 94520.

1) Complainant's Name: _____

2) Address: _____

3) City: _____ State: _____ Zip: _____

4) Phone: Home _____ Cell _____

5) Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

6) What was the discrimination based on? (Check all that apply):
   - ☐ Race
   - ☐ Color
   - ☐ National Origin
   - ☐ Other: _____

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 the back of this form.

_____
_____
_____
_____

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, then 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 with complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Filed: _____

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

_____

Complainant's Signature Date