

Title VI Statement of Policy

The Central Contra Costa Transit Authority (CCCTA) grants all citizens equal access to its transportation services in Central Contra Costa. The CCCTA is committed to a policy of nondiscrimination in the conduct of its business, including its responsibilities under Title VI of the Civil Rights Act of 1964 which provides that no person shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its program of transit services delivery.

Title VI Complaint Procedures

If you believe that you have received discriminatory treatment based on race, color or national origin with regard to transit services delivery, you have the right to file a Title VI complaint with the Authority's Civil Rights Administrator. Federal and State laws require complaints to be filed within one-hundred and eighty (180) calendar days of the last alleged incident. You may download a complaint form by visiting www.cccta.org. You may also call customer service and ask for a Title VI complaint form to be mailed to you. You may also submit a written statement that contains all the information listed below. Complaints should be mailed or delivered to:

CCCTA
Civil Rights Administrator
2477 Arnold Industrial Way
Concord, CA 94520

All complaints should include the following information:

1. Name, address, and telephone number of the complainant.
2. The basis of the complaint; (e.g, race, color, or national origin).
3. The date(s) on which the alleged discriminatory event occurred.
4. The nature of the incident that led the complainant to feel discrimination was a factor.
5. Names, addresses and telephone numbers of persons who may have knowledge of the event.
6. Other agencies or courts where complaint may have been filed and a contact name.

**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