

**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 Director of Recruitment & Employee Development, 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

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.

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

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