Title VI Complaint Form

If you believe you have been discriminated against on the basis of race, color or national original by Community Transit, you may file a Title VI complaint by completing and submitting this Title VI Complaint Form. **Complaints must be filed within 180 days of the alleged discriminatory act.** If you require assistance in completing this form contact Customer Service at (425) 353-RIDE (7433).

**Section 1—Contact Information**

Name: ___________________________________________ Phone: ____________________________

Mailing Address: _______________________________________________________________________

City/State/Zip Code: _________________________________________________________________

Email: ______________________________________________________________________________

Accessible Format Requirements: ☐ Language Assistance ☐ Large Print ☐ Other

Are you filing this complaint on your own behalf? ☐ Yes ☐ No

If NO, provide the name and relationship to the person for whom you are filing the complaint:
____________________________________________________________________________________

**Section 2—Alleged Discrimination Information**

I believe the discrimination I experienced was based on:
☐ Race ☐ Color ☐ National Origin

Date of Alleged Discrimination (Month/Day/Year): _______________________________________

Location of Alleged Discrimination: _____________________________________________________

If the alleged discrimination occurred on a bus, please provide the route, direction of travel, and bus number (if available): ________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Explain the events that happened and why you believe you were discriminated against. Please include the names, titles and descriptions of the Community Transit employees involved, witnesses, and their contact information. For additional space, you may attach any written materials.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Section 3—Complaint Information
Have you previously filed a Title VI complaint with Community Transit? □ Yes □ No
Have you filed this complaint with other Federal, State or Local Agencies? □ Yes □ No
If YES, list the agency/agencies and contact information below:

Agency: ___________________________  Contact Name: ___________________________

Address: ___________________________  City/State/Zip Code: ___________________________

Contact Number: ___________________________

Section 4—Signature
You may attach any written materials or other information relevant to your complaint.

Please sign and date.

__________________________________________________  ___________________________
Name                                                      Date

Mail to:
Community Transit
7100 Hardeson Road
Everett, Washington 98203-5834
ATTN: Title VI Officer