



Title VI Complaint Form

Appendix C-1

If you believe you have been discriminated against based on race, color, or national origin 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, ATTN: Title VI Officer, 2312 W CASINO RD, EVERETT, WA 98204