

# Yolo County Transportation District

## Title VI Complaint Form

<b>SECTION 1</b>				
Name:				
Address				
Telephone # (Home):			Telephone # (Work)	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Brail	
	TDD		Other	

<b>SECTION 2</b>		
Are you filing this complaint on your own behalf?	Yes	No
<i>If you answered "yes" to this question, go to Section 3</i>		
If you answered "No" to this question, please supply the name and relation of the person for whom you providing the complaint.	Name: _____	
	Relation: _____	
If you are filing on behalf of a third party, please confirm that you have obtained the permission of the aggrieved part?	Yes	No

<b>SECTION 3</b>
I believe the discrimination I experienced was based on (check all that apply):
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin
Date of alleged discrimination (Day, Month, Year): _____
Explain as clearly as possible what happened and why you believe you were discriminated against. Do not include names of witnesses. If more Space is needed, please use another sheet of paper.
_____
_____
_____

<b>SECTION 4</b>
Name of Agency complaint is against:
Contact person:
Title:
Telephone #:

<b>SECTION 5</b>
------------------

# Yolo County Transportation District

## Title VI Complaint Form

Have you previously filed a Title VI complaint with this agency?	Yes	No
--	-----	----

<b>SECTION 6</b>		
------------------	--	--

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	Yes	No
---	-----	----

If yes, check all that apply and supply the name of the agency:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency/Court: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Please print, sign and date (required)

Print	Signature	Date
-------	-----------	------

Please submit this form in person or mail this form to the address below:  
 Yolo County Transportation District Title VI Coordinator  
 350 Industrial Way,  
 Woodland CA, 95776