

# 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>
<p>I believe the discrimination I experienced was based on (check all that apply):</p> <p> <input type="checkbox"/> Race         <input type="checkbox"/> Color         <input type="checkbox"/> National Origin       </p> <p>Date of alleged discrimination (Day, Month, Year): _____</p> <p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact of the person(s) who discriminated against you (if know) as well as names and contact information of any witnesses. If more Space is needed, please use another sheet of paper.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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

<b>SECTION 5</b>		
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:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court: _____		
<input type="checkbox"/> State Agency: _____		
<input type="checkbox"/> State Court: _____		
<input type="checkbox"/> 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