

TITLE VI COMPLAINT FORM

Complaint must be filed within 180 days of the last date of alleged discrimination

Section 1:							
Name:							
Address:							
Telephone (Home):				Telephone (Work):			
Electronic Mail Address:							
Accessible Format Requirements?	Large Print		TDD		Audio Tape		Other
Section II:							
Are you filing this complaint on your own behalf?					Yes*	No	
*If you answered "yes" to this question, go to Section III.							
If not, please supply the name and relationship of the person for whom you are complaining:							
Please explain why you have filed for a third party:							
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:					Yes	No	
Section III:							
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 (Month, Day, Year): ____/ ____/ ____							
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 information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.							

Section IV:

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V:

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:

Federal Agency: _____ State Agency: _____

Federal Court: _____ Local Agency: _____

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

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

Signature and date required below:

Signature

____/____/____
Date

Please submit this form to a customer service representative or mail this form to:

Customer Relations
Metrolink
P.O. Box 531776
Los Angeles, CA 90053-1776