## TITLE VI COMPLAINT FORM

* Required information

<table>
<thead>
<tr>
<th>Name of Person Discriminated Against*</th>
<th>Name of Person Submitting Complaint (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature of Discrimination</strong>*</td>
<td><strong>Preferred method of contact</strong>*:</td>
</tr>
<tr>
<td></td>
<td>☐ Home Address ☐ Email Address ☐ Telephone</td>
</tr>
</tbody>
</table>

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**Did the discrimination involve any of the following (check all that apply)**
- AC Transit
- Golden Gate Transit
- Greyhound
- Muni
- Paratransit
- WestCAT
- Other _____________

**Did the discrimination occur in a Transit Center business?**
- Please specify.

**Did the discrimination occur elsewhere in the Transit Center?**
- Please describe.

**Date of Alleged Discrimination (month, day, year)***

**Describe the situation and explain why you believe you were discriminated against.***

Provide the name of the person(s) (if known) or otherwise describe those who discriminated against you. List the names and contact information of any witnesses (if known).

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

**Have you filed this complaint with any of the following parties? If so, please identify and provide a contact person.**
- ☐ Federal Agency
- ☐ State Agency
- ☐ Local Agency
- ☐ Federal or State Court

**Signature**

**Date**

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**Please submit to:**

You may submit this form by mail, email, or in person

Transbay Joint Powers Authority  
Attn: Title VI Complaint  
425 Mission Street, Suite 250  
San Francisco, CA 94105  
TitleVIcomments@tjpa.org

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**For Internal Use:**

<table>
<thead>
<tr>
<th>Name of Person Accepting Form:</th>
<th>Employer/Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
</tbody>
</table>