

# Siskiyou County Local Transportation Commission

## Title VI Complaint Form

<b>Section I:</b>					
Name:					
Address:					
City:		State:		Zip Code:	
Phone (Home):		Phone (Work/Cell):			
Email Address:					
Accessible Format Requirements?	Large Print		Audio Tape		
	TDD		Other		
<b>Section II:</b>					
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 provide your name and relationship to the person for whom you are complaining below:					
Submitting Party's Name:					
What is your relationship with this individual:					
Please explain why you have filed for a third party:					
Please confirm that you have obtained permission of the aggrieved party to file on their behalf.				Yes	No
<b>Section III:</b>					
I believe the discrimination I experienced was based on ( <i>check all that apply</i> ):					
National Origin	Race		Color	Sex	Age
Date of alleged discrimination: ( <i>mm/dd/yyyy</i> ):					
Explain as clearly as possible what happened and why you believe you were discriminated against. 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.					
<b>Section IV:</b>					

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Have you previously filed a Title VI complaint with SCLTC?	Yes	No
<b>Section V:</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:
<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:		
*If yes, provide information about a contact person at the agency/court where the complaint was filed:		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI:</b>		
Name of Agency Complaint is Against:		
Contact Person:		
Title:		
Phone Number:		

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

Your signature and date are required below to complete the form.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

Completed forms can be submitted in person or mailed to the address below:  
SCLTC - Attn: Executive Director  
190 Greenhorn Road  
Yreka, CA 96097