## APPENDIX B





## TITLE VI COMPLAINT FORM

Before filling out this form, please read the Butte Regional Transit Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please call the number below. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Mailing address: 326 Huss Drive, Suite 150, Chico, CA 95928 Telephone: 530-809-4616 Fax: 530-879-2444								
Section I:								
Complainant's Na	ame:							
Address:								
City:	State:	Zip Co	de:					
Telephone Number (Home): Other:								
Email address:								
Accessible forma	t requiremen	ts?						
Large Print		Audio Tape						
TDD		Other						
Section II:  Are you filing this	•	•		lo: □				
*If this is on your								
Person discrimina	ated against	(if someone othe	r than compla	ainant):				
Name:								
Address:								

City:	State	e: <u> </u>	Zip Code:				
Relationship with of the person for whom you are reporting:							
Please confirm	ı you've obt	ained the permis	sion of this party to file this complaint:				
Please explain	why you ai	e filing for a third	I party?				
Section III:							
Date of alleged	d discrimina	tion:					
Which of the for place?	ollowing bes	t describes the r	eason you believe the discrimination took				
Was it because	e of your:	Race/Color: □	National Origin:				
Have you previously filed a complaint with <b>this</b> agency? Yes: $\square$ No: $\square$							
Have you filed federal or state If yes, check e	e court?	Yes □ No □	r federal, state, or local agency; or with any				
Federal Transi EEOC □	t Administra	ation $\square$ Dept of	Transportation □ Dept of Justice □				
Other:							
Have you filed	a lawsuit re	egarding this com	plaint: Yes □ No □				
Please provide has already be		n for a contact pe	erson at the agency/court where the complain				
Name:		Ti	tle:				
Agency:							
Address:							
Telephone:							
Note: If litigation is pending regarding the same issues, we defer to the decision of the court.							

In your own words, describe the alleged discrimination whom you believe was responsible. You should includates, times, route numbers, witnesses, and any other in our investigation of the allegations. Please also professions is relevant to this complaint.	ude specific details such as names, er information that would assist us
Complainant's Signature:	Date: