

830 West Lauridsen Boulevard  
Port Angeles, Washington 98363



www.clallamtransit.com  
360-452-4511

## TITLE VI COMPLAINT FORM

**Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:**

Clallam Transit System  
Title VI Officer  
Operations Manager  
830 West Lauridsen Boulevard  
Port Angeles, Washington 98363  
360-417-1370

**Please print clearly or type your response. Thank you.**

You may file a signed, written complaint up to one hundred and eighty (180) days from the date of alleged discrimination.

Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Contact Number (including area code): \_\_\_\_\_

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

\_\_\_\_\_ Race

\_\_\_\_\_ Color

\_\_\_\_\_ National origin

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw it:

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Please list any and all witnesses' names and phone numbers:

Witness First and Last Name	Contact Phone Number (including area code)

What type of corrective action would you like to see taken?

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Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Officer at the address listed on page 1 of this document.

\_\_\_\_\_  
Print your last name

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date