

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:

Pacific Transit System
Attention: Title VI Coordinator
216 2nd Street Raymond, WA 98577
Phone: (360) 875-9418 Fax: (360) 942-3193

Please print clearly:

Name:				
Mailing Address:				
City, State, Zip C	Code:			
Telephone Numb	er:	(home)	(cell)	(message)
Person discrimina (If different from	_			
Mailing Address	of person discri	minated against:		
City, State, Zip C	Code:			
Please indicate w	hy you believe	the discrimination o	ccurred:	
_	race or col	or		
_	national or	igin		
	income			
	other			
What was the dat	e and time of th	e alleged discrimina	ation?	

Where did the alleged discrimination take place?
Driver's name (if known):
Please describe the circumstances as you saw it:
Please list any and all witnesses' names and phone numbers:
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<u> </u>
What type of corrective action would you like to see taken?
Please attach any documents you have which support the allegation. Then date and sign
this form and send to the Pacific Transit System Title VI Coordinator 216 N 2 nd Street
Raymond, WA 98577.
Your Signature
Print Name
Date