

## HCAOG Regional Transportation Agency Title VI Complaint Form

### Section I: *Please write legibly*

1. Name:

2. Address:

3. Telephone :

3.a. Secondary Phone (*Optional*):

4. Email Address:

5. Desired communication methods  
for following up on complaint?

Large Print

Audio Tape

Telecommunications  
Device for the Deaf (TDD)

Other

### Section II:

6. Are you filing this complaint on your own behalf?

Yes\*

No

\*If you answered "yes" to #6, go to Section III.

7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint?

Name:

8. What is your relationship with this individual:

9. Please explain why you have filed for a third party:

10. Please confirm that you have obtained permission from the aggrieved party to file on their behalf.

Yes

No

**Section III:**

11. I believe the discrimination I experienced was based on (*check all that apply*):

Race       Color       National Origin

12. Date of alleged discrimination (mm/dd/yyyy):

13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. 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.

**Section IV:**

14. Have you previously filed a Title VI complaint with HCAOG?

Yes

No

**Section V:**

15. 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:

Federal Agency \_\_\_\_\_  State Agency

Federal Court \_\_\_\_\_  Local Agency

State Court \_\_\_\_\_

16. If you answered “yes” to #15, provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Email:

**Section VI:**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature and date are required below to complete form:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form in person, or by mail, to the address below:

HCAOG Title VI Program Administrator

611 I Street, Suite B

Eureka, CA 95501