

COUNTY EXPRESS

## San Benito County Local Transportation Authority Title VI Complaint Form

Name of Complainant			Home Telephone	
Home Address (Street, City , State, Zip)			Work Telephone	
Race / Ethnic Group	Sex	Email Address		
Person Discriminated Against (If Other than Complainant)			Home Telephone	
Home Address (Street, City , State, Zip)			Work Telephone	
Specific Basis of Discrimination (Check appropriate box(es)):				
Race	Color	□ No	ational Origin	
2. Date of Alleged Discriminatory Act(s):				
3. Respondent (Individual Complaint Filed Against) Name				
Position		Work Location		
4. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper.				

5.	5. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?   Yes No		
	a. If answer is yes, check each agency complaint was filed:		
	☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court		
	Local Agency Date Filed:		
6.	6. Provide contact person information for the additional agency or court:		
	Name		
	Street Address (Street, City , State, Zip)  Telephone		
Si~	n complaint in the space below. Attach any support documents:		
	gnature Date		