



1405 N. IMPERIAL AVE. SUITE 1
EL CENTRO, CA 92243-2875
PHONE: (760) 592-4494
FAX: (760) 592-4497

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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the Title VI Coordinator: Imperial County Transportation Commission, 1503 N. Imperial Ave. Suite 104 El Centro, CA 92243.

1. Complainant's Name _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (Home): _____ (Business): _____

5. Person discriminated against (if someone other than the complainant):

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party: Yes No

6. Which of the following best describes the reason you believe the discrimination took place?

- a. Race:
- b. Color:
- c. National Origin:

7. What date did the alleged discrimination take place? _____

8. In your words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? Yes: No:

If yes, please check each box that applies:

- | | | | | | |
|----------------|--------------------------|---------------|--------------------------|--------------|--------------------------|
| Federal Agency | <input type="checkbox"/> | Federal Court | <input type="checkbox"/> | State Agency | <input type="checkbox"/> |
| State Court | <input type="checkbox"/> | Local Agency | <input type="checkbox"/> | | |

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

11. Signature and date required below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date