SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT 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**

1. SPECIFIC BASIS OF DISCRIMINATION (Check all that apply):

☐ **Race** ☐ **Color** ☐ **National Origin** ☐ **Sex** ☐ **Age** ☐ **Disability**

2. Date of alleged discriminatory act(s):_____

3. RESPONDENT (individual complaint is 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. Did you file this complaint with another federal, state or local agency, or with a federal or state court?

☐ **Yes** ☑ **No**

If answer is yes, check each agency where complaint was filed:

☐ **Federal Agency** ☐ **Federal Court** ☐ **State Agency** ☐ **State Court** ☐ **Local Agency**

Date Filed: _____

6. Provide contact information for the additional agency or court:

Name			
Address **Street**	**City, State**	**Zip**	**Telephone**

Sign complaint in the space below. Attach any supporting documents.

Signature	**Date**