



### Title VI Complaint Form

Title VI of the Civil Rights Act of 1946 states, "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."

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Eastern Contra Costa Transit Authority  
Compliance Manager  
801 Wilbur Avenue  
Antioch, CA 94509

Alternatively, it can be faxed to (925) 757-2530 or emailed to [CivilRights@eccta.org](mailto:CivilRights@eccta.org).

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(Check all that apply):

- Race
- Color
- National Origin

What date did the alleged discrimination take place? \_\_\_\_\_

Describe the alleged discrimination in as much detail as possible. Explain 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. Please include the route number and direction of travel, the time the incident occurred, and the bus number, if applicable. For additional space, attach additional sheets of paper or use the back of this form.

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Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check appropriate space) \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, check each agency that your complaint was filed with:

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

State Court \_\_\_\_\_ Local Agency \_\_\_\_\_ Other \_\_\_\_\_

Provide the contact person information for the agency (or agencies) you filed the complaint with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Sign the complaint in the space below. Attach any documents you believe support your complaint.

\_\_\_\_\_

\_\_\_\_\_

(Signature)

(Date)

If information is needed in another language, please contact 1-925-754-6622.

Si necesita información en otro idioma, contacte al 1- 925-754-6622.

如果需要其他語言的信息，請聯繫 1-925-754-6622.

Kung kailangan ng impormasyon sa ibang wika, mangyaring makipag-ugnayan sa 1-925-754-6622.

Nếu cần thông tin bằng ngôn ngữ khác, vui lòng liên hệ 1-925-754-6622.