



Title VI Complaint Form
Santa Clara Valley Transportation Authority (VTA)
Accessibility and Civil Rights (ACR)

VTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. The completed form must be returned to VTA Customer Service, 3331 North First Street, Building B-1, San Jose, CA 95134. If you have any questions about this form, please contact Customer Service at (408) 321-2300.

Your Name:
Phone:
Alt Phone:
Street Address:
City, State, & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):

Which of the following best describes the reason for the alleged discrimination? (Circle all that apply)

Date of Incident: _____

- ☐ Race
- ☐ Color
- ☐ National Origin (Limited English Proficiency)

Please describe the alleged discriminatory incident. Provide the names and title of all VTA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Please describe the alleged discriminatory incident (continued) _____

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
if so, list agency / agencies and contact information below:

Agency: _____	Contact Name: _____
Street Address, City, State & Zip Code: _____	Phone: _____

Agency: _____	Contact Name: _____
Street Address, City, State & Zip Code: _____	Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge,
information and belief.

Print or Type Name of Complainant: _____	Date: _____
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Date Received: _____

Received By: _____
