

Your Name:

Title VI Complaint Form

Santa Clara Valley Transportation Authority (VTA)
Office of Civil Rights

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. If you require any assistance in completing this form, please contact the Office of Civil Rights by calling (408) 952-8901. The completed form must be returned to VTA Office of Civil Rights, 3331 North First Street, Building B-1, San Jose, CA 95134.

Phone:

Street Address:	Alt Phone:
	City, State, & Zip Code:
Person(s) discriminated against (if someone of	other than complainant):
Name(s):	
Street Address, City, State & Zip Code:	
Which of the following best describes the rea	
the alleged discrimination? (Circle one)	Date of Incident:
Race	
Color	
 National Origin (Limited English Proficient 	ency)
•	ncident. Provide the names and title of all VTA nappened and whom you believe was responsible. pace is required.
	Complete reverse side of form

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Please describe the alleged discriminator	ry incident (continued)
	er federal, state or local agencies? (Circle one) Yes / No
if so, list agency / agencies and contact in	nformation below:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Street Address, City, State & 21p code.	THORE.
	ge and that it is true to the best of my knowledge,
information and belief.	
Complainants Signature:	Date:
Complaniants Signature.	Date.
Print or Ty	ype Name of Complainant
Date Received	:
Received By:	