

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT TITLE VI COMPLAINT FORM

Name of Complainant			Home Telephone
Home Address Street City, State Zip		ip	Work Telephone
Race/Ethnic Group		Address	
Person discriminated against (if other than Complainant)			Home Telephone
Home Address Street City, State Zip		ip	Work Telephone
1. SPECIFIC BASIS OF DISCRIMINATION (Check appropriate box(es):			
Race			■ National Origin
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 If answer is yes, check each agency com		al agency; or with a f	federal or state court?
Federal Agency	l Court	□ State Agency	□ State Court
□Local Agency □Date Fi	iled		
6. Provide contact person information for the additional agency or court:			
Name			
Address Street Cit	ty, State	Zip	Telephone
Sign complaint in the space below. Attach ar Signature	ny supporting docum	ents.	Date