



## 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 Title VI Coordinator by calling (408) 321-5571. The completed form must be returned to VTA Office of Civil Rights, Title VI Coordinator, 3331 North First Street, Building B-1, San Jose, CA 95134.

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

Which of the following best describes the reason for the alleged discrimination? (Circle one)

Date of Incident: \_\_\_\_\_

- Race
- Color
- National Origin
- Sex
- Age
- Disability
- Income Level
- Limited English Proficiency (LEP)

Complete reverse side of form

Please describe the alleged discriminatory incident. Provide the names and titles of all VTA employees involved, if available. Explain what happened and whom you believe was responsible.

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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:

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Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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Street Address, City, State, & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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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.

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Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Print or Type Name of Complainant

Date Received: _____
Received By: _____