



Civil Rights Complaint

In accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, this form is to be used to document formal complaints of discrimination specifically on the bases race, color, national origin, or disability.

This section is for internal use only

Complaint Received by:

Date & Time of Receipt:

Forwarded to:

Complaint information

I believe Twin Transit discriminated against me because of my (check all that apply):

Race

Color

National Origin

Disability

Date of Alleged Discrimination (month/day/year):

Complaints older than 180 days may not be investigated

Explain as clearly as possible 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. If more space is needed please attach pages or use the back of this form:

Please attach any documents you believe are relevant to this complaint

Complainant Contact information

| | | |
|--|----------------|-----|
| Full name: | | |
| Address: | | |
| Home Phone #: | Other Phone #: | |
| Email address: | | |
| Are you filing this complaint on your own behalf? | Yes | No* |
| <i>*If no, please answer the following three questions</i> | | |
| <i>Please provide your name and relationship to the complainant:</i> | | |
| Please explain why you have filed this complaint on behalf of the complainant: _____ _____ _____ | | |
| Have you obtained permission from the complainant to file this complaint on their behalf? | Yes | No |

Complaint History

| | | |
|---|----------|----|
| Have you previously filed a Title VI complaint against Twin Transit? | Yes | No |
| Have you filed this complaint with any other Federal, State or Local agency or court? <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |
| *If yes, please indicate the agency/court where the complaint was filed: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> Local Agency: _____ <input type="checkbox"/> State Court: _____ <input type="checkbox"/> Other/unsure: _____ | | |
| <i>Please provide contact information about the agency/court where the complaint was filed</i> | | |
| Contact Person: | Phone #: | |
| Agency/Court Address: | | |

Personal Certification of Truthfulness & Signature

I hereby certify and attest that the above statements are true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

 Signature

 Date

Please submit this form in person, or certified mail to:

Twin Transit
 Attn: Title VI Coordinator
 212 E. Locust St.
 Centralia, WA 98531