



**SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
TITLE VI COMPLAINT FORM
(FEDERAL HIGHWAY ADMINISTRATION)**

Name of Complainant		Home Telephone
Home Address Street	City, State	Zip
Race/Ethnic Group		Sex
		Email Address
Person discriminated against (if other than Complainant)		Home Telephone
Home Address Street	City, State	Zip
		Work Telephone

1. SPECIFIC BASIS OF DISCRIMINATION (Check appropriate box(es):

Race Color National Origin Sex Age Disability

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 federal, state or local agency; or with a federal or state court? Yes No

If answer is yes, check each agency complaint was filed:

Federal Agency Federal Court State Agency State Court

Local Agency Date Filed: _____

6. Provide contact person information for the additional agency or court:

Name	
Address Street	City, State
	Zip
Telephone	

Sign complaint in the space below. Attach any supporting documents.

Signature	Date
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