



**SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT TITLE VI  
COMPLAINT FORM**

Name of Complainant			Home Telephone		
Home Address Street City, State Zip			Work Telephone		
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 all that apply):**

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.**

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**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 where complaint was filed:

Federal Agency     Federal Court     State Agency     State Court     Local Agency

Date Filed: \_\_\_\_\_

**6. Provide contact 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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