# Mountain Transit’s Title VI Complaint Form

## Section I: Please write legibly

1. Name: 

2. Address: 

3. Telephone:  
   3.a. Secondary Phone (Optional): 

4. Email Address: 

5. Accessible Format Requirements?  
   [ ] Large Print  
   [ ] Audio Tape  
   [ ] TDD  
   [ ] Other 

## Section II:

6. Are your filing this complaint on your own behalf?  
   YES*  
   NO 

*If you answered “yes” to #6, go to Section III. 

7. If you answered “no” to #6, what is the name of the person for whom you are filing this complaint?  
   Name: 

8. What is your relationship with this individual: 

9. Please explain why you have filed for a third party: 

10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.  
    YES  
    NO 

## Section III:

11. I believe the discrimination I experienced was based on (check all that apply):  
   [ ] Race  
   [ ] Color  
   [ ] National Origin  

12. Date of alleged discrimination: (mm/dd/yyyy) 

13. 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 use the back of this form.
### Section IV:

14. Have you previously filed a Title VI complaint with Mountain Transit?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

### Section V:

15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

[ ] YES*  [ ] NO

If yes, check all that apply:

[ ] Federal Agency __________________________  [ ] State Agency __________________________

[ ] Federal Court ___________________________  [ ] Local Agency ___________________________

[ ] State Court ______________________________

16. If you answered “yes” to #15, provide information about a contact person at the agency/court where the complaint was filed.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

### Section VI:

Name of complaint is against:

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Telephone:</th>
</tr>
</thead>
</table>

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature______________________________  Date______________

Please submit this form in person or mail this form to the address below:

Kathy Hawksford, General Manager
Mountain Area Regional Transit Authority
41939 Fox Farm Rd.
Big Bear Lake, CA