

APPENDIX D



TITLE VI COMPLAINT FORM

Before filling out this form, please read the Butte Regional Transit Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please call the number below. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Mailing address: 326 Huss Drive, Suite 150, Chico, CA 95928
Telephone: 530-809-4616 Fax: 530-879-2444

Section I:

Complainant's Name: _____

Address:

City: State: Zip Code:

Telephone Number (Home): Other:

Email address:

Accessible format requirements?

Large Print	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>
TDD	<input type="checkbox"/>	Other	<input type="checkbox"/>

Section II:

Are you filing this complaint on your own behalf? Yes: No:

*If this is on your own behalf, please skip to Section III.

Person discriminated against (if someone other than complainant):

Name:

Address:

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

Complainant's Signature:

Date: