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 Numb	er (Home):	Other:					
Email address:							
Accessible format requirements?							
Large Print		Audio Tape					
TDD		Other					
Section II:							
Are you filing this complaint on your own behalf? Yes: \square No: \square *If this is on your own behalf, please skip to Section III.							
Person discriminated against (if someone other than complainant):							
Name:							
Address:							

City:	State	e: <u> </u>	Zip Code:		
Relationship w	vith of the pe	erson for whom y	ou are reporting:		
Please confirm	n you've obt	ained the permis	sion of this party to file this complaint:		
Please explain	why you ar	e filing for a third	l party?		
Section III:					
Date of alleged	d discrimina	tion:			
Which of the for place?	ollowing bes	t describes the r	eason you believe the discrimination took		
Was it becaus	e of your:	Race/Color: □	National Origin: □		
Have you prev	riously filed	a complaint with	this agency? Yes: ☐ No: ☐		
Have you filed federal or state If yes, check e	e court?	Yes □ No □	er federal, state, or local agency; or with any		
Federal Transit Administration $\ \square$ Dept of Transportation $\ \square$ Dept of Justice $\ \square$ EEOC $\ \square$					
Other:					
Have you filed a lawsuit regarding this complaint: Yes $\ \square$ No $\ \square$					
Please provide has already be		n for a contact pe	erson at the agency/court where the complain		
Name:		Ti	tle:		
Agency:					
Address:					
Telephone:					
Note: If litigati court.	on is pendir	ng regarding the	same issues, we defer to the decision of the		

In your own words, describe the alleged discrimination whom you believe was responsible. You should includates, times, route numbers, witnesses, and any other in our investigation of the allegations. Please also professions is relevant to this complaint.	ude specific details such as names, er information that would assist us
Complainant's Signature:	Date: