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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 us at the phone number listed above. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ Other: _____

Date of alleged discrimination: _____

Which of the following best describes the reason you believe the discrimination took place?

Was it because of your: Race/Color: _____ National Origin: _____

Person discriminated against (if someone other than complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 each box that applies:

Federal Transit Administration Dept of Transportation Dept of Justice EEOC

Other: _____

Have you filed a lawsuit regarding this complaint: Yes _____ No _____

Note: If litigation is pending regarding the same issues, we defer to the decision of the court.

