**SANTA BARBARA MTD**

# Santa Barbara Metropolitan Transit District
# Title VI Complaint Form

The Santa Barbara Metropolitan Transit District (MTD) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

This completed complaint form must be returned to: Santa Barbara Metropolitan Transit District, Attn: Title VI, 550 Olive Street, Santa Barbara, CA 93101. If you require any assistance in completing this form, please contact the Manager of Human Resources at (805) 963-3364. Title VI complaints must be filed within 180 days from the date of the alleged discrimination:

**Date of alleged incident** _____

### Complainant

| Your Name: | Phone: |
|---|---|
| Street Address: | City, State, & Zip Code: |

### Person(s) alleging discrimination (if different from complainant)

| Name: | Phone: |
|---|---|
| Street Address: | City, State, & Zip Code: |

Which of the following best describes the reason for the alleged discrimination? (Circle one)

- Race
- Color
- National Origin
- Limited English Proficient

Please use the back of this form to describe the alleged discrimination. Explain what happened and whom you believe was responsible.

# Santa Barbara Metropolitan Transit District
## Title VI Complaint Form (Continued)

Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Attach an additional sheet of paper if necessary.

_____

_____

_____

_____

_____

_____

_____

Have you filed a complaint regarding the alleged discrimination with any other federal, state, or local agencies? (Circle one)  **Yes  /  No**

If yes, please list agency or agencies and the contact information:

| Agency & Contact Name: | Phone: |
|---|---|
| Street Address: | City, State, & Zip Code: |

| Agency & Contact Name: | Phone: |
|---|---|
| Street Address: | City, State, & Zip Code: |

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

_____       _____

Complainant's Signature                                   Date:

_____

Print or Type Name of Complainant