

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

If you feel you have been discriminated against by an employee of the San Francisco Municipal Transportation Agency on the grounds of your race, color or national origin, please fill out and sign the complaint form below and mail to:

Peter Straus, Title VI Coordinator
SFMTA
1 South Van Ness, 7th Floor
San Francisco, CA 94103

or fax to (415) 701-4372.

Note: The following information is necessary to assist in processing a Title VI complaint.

1. Complainant's Name _____
2. Address _____
3. City, State and Zip Code _____
4. Telephone Number (home) _____ (business) _____
5. Person discriminated against (if someone other than the complainant)
Name _____
Address _____
City, State and Zip Code _____
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:
a. Race/Color _____
b. National Origin _____
7. Please specify the time(s) date(s) and locations(s) (bus number, route, street, etc.) on which the alleged discrimination or harassment occurred:

8. In your own words, describe the alleged discrimination or harassment act(s) specifically and provide the names of any offender, witness or person(s) who is/are a party or observer of the alleged discrimination or harassment. If available, provide name, physical description, operator number if applicable, or any other identifying information.

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

I state that the information and answers set forth above are true and correct to the best of my knowledge, information and belief.

COMPLAINANT'S SIGNATURE

DATE