

Title VI Complaint Form

AC Transit 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. Title VI complaints should be filed as close to the date of the alleged discrimination as possible, but no later than 180 days.

The following information is necessary to assist us in processing your complaint. The completed form must be returned to: *AC Transit, Title VI Coordinator, 1600 Franklin Street, Oakland, CA 94612*. You may also file a complaint by phone by dialing: (510) 891-5470.

Your Name:	Your Phone: ()
Street Address:	
City, State, Zip:	
E-mail Address:	
Person discriminated against (if other th	an yourself):
Street Address, City, State and Zip:	
Date of the Incident:	
Which of the following best descri	bes the reason you think the alleged discrimination
took place? (Mark any that apply)	
□ Race	
☐ Color☐ National Origin (Limited Engli	sh Proficiency)
	inatory incident. Provide the names and title of any AC n involved. Please explain what happened and who you a letter if additional space is required.

(Description: continued)		
Have you filed a complaint with any other agency? (Mark one) □Yes □No		
If so, please list agency contacted and information below:		
Agency:	Contact Name:	
Street Address:	Phone:	
City:	State, Zip:	
I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief:		
(Complaint Signature)	Date:	
Data Daggived by AC Transity		
Date Received by AC Transit:		