

# Calabasas Transit System Title VI Complaint Form

Please print clearly or type responses.

## Section 1

Name:

Address:

Phone Number: (        )

Email:

Accessible Format Requirements (circle if applicable):

Large Print

Audio Tape

TDD

Other

If Other, specify:

## Section 2

Are you filing this complaint on your own behalf?  Yes\*  No

\*If you answered Yes, please skip to Section 3.

What is the name of the person for whom you are filing the complaint?

Name:

What is your relationship to this person?

Relationship:

Please explain why you are filing on behalf of a third party.

Please confirm that you have obtained permission of the aggrieved party to file on their behalf.

I HAVE obtained permission to file this complaint on behalf of the person named above.

I HAVE NOT obtained permission to file this complaint on behalf of the person named above.

## Section 3

I believe the discrimination I experienced was based on (circle all that apply):

Race

Color

National origin

Date of alleged discrimination (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please explain as clearly as possible what occurred and why you believe you were discriminated against. Describe all persons who were involved and provide contact information of the person(s) if available/known. Please also provide the names and contact information of any witnesses involved. If additional space is needed, please attach pages as necessary.

**Section 4**

Have you previously filed a Title VI complaint with the City of Calabasas?  Yes  No

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  Yes  No\* \*If no, please skip to Section 5.

If yes, please indicate where you have filed this complaint:

- Federal Agency specify: \_\_\_\_\_
- State Agency specify: \_\_\_\_\_
- Local Agency specify: \_\_\_\_\_
- Federal Court specify: \_\_\_\_\_
- State Court specify: \_\_\_\_\_

Please provide contact information for the agency and/or court where this complaint was filed:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: (\_\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 5**

Please indicate who you are filing this complaint against:

- Calabasas Transit System
- City of Calabasas
- Other agency and/or person (specify): \_\_\_\_\_

You may attach any written materials or other information which you believe is relevant to your complaint.

Signature and date are required below to complete the form.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please submit this completed form in person or by mail to the address below.

**Calabasas Transit System  
 Title VI Program Administrator  
 100 Civic Center Way  
 Calabasas, CA 91302**

**If information is needed in another language, please call (818) 224-1600.  
 Si necesita información en otro idioma, por favor llame al (818) 224-1600.**  
 برای دریافت اطلاعات به زبانی غیر از انگلیسی لطفا با شماره تلفن (818) 224-1600 تماس بگیرید.