



Transbay Transit Center

TITLE VI COMPLAINT FORM

** Required information*

Name of Person Discriminated Against*	Name of Person Submitting Complaint (if different)
Nature of Discrimination*	Preferred method of contact*: <input type="checkbox"/> Home Address <input type="checkbox"/> Email Address <input type="checkbox"/> Telephone

Did the discrimination involve any of the following (check all that apply)

AC Transit Amtrak Golden Gate Transit Greyhound Muni Paratransit SamTrans WestCAT

Did the discrimination occur in a Transit Center business? Please specify.	Did the discrimination occur elsewhere in the Transit Center? Please describe.
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Date of Alleged Discrimination (month, day, year)*

Describe the situation and explain why you believe you were discriminated against.*
Provide the name of the person(s) (if known) or otherwise describe those who discriminated against you. List the names and contact information of any witnesses (if known).

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

Have you filed this complaint with any of the following parties? If so, please identify and provide a contact person.

Federal Agency State Agency Local Agency Federal or State Court

Signature _____
Date _____

Please submit to: Transbay Joint Powers Authority
You may submit this form by mail, email, or in person Attn: Title VI Complaint
201 Mission Street, Suite 2100
San Francisco, CA 94105
TitleVIcomments@transbaycenter.org

For Internal Use:

Name of Person Accepting Form:	Employer/Agency:
Title:	Telephone: