



# San Francisco County Transportation Authority Title VI Complaint Form

## Complaints must be filed within 180 days of the alleged act of discrimination

COMPLETE FORM, PRINT, SIGN, AND SUBMIT BY MAIL, FAX, OR EMAIL.

IF USING ADOBE ACROBAT, SAVE TO A NEW FILE NAME BEFORE BEGINNING.  
IF USING ADOBE ACROBAT READER, YOU CAN ONLY PRINT, NOT SAVE.

### SECTION I

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Accessible format requirements? (CHECK ALL THAT APPLY)

Large print  Audio tape  TDD  Other: \_\_\_\_\_

### SECTION II

Are you filing this complaint on your own behalf?  YES  NO

If you answered YES to this question, go to Section III

If you answered NO to this question, please supply the name of the person for whom you are filing this complaint and your relationship to him/her:

\_\_\_\_\_

Please explain why you are filing for this person:

Please confirm that you have obtained permission from the complaining person if you are filing on their behalf:

YES  NO

### SECTION III

(CHECK ALL THAT APPLY)

I believe the discrimination I experienced was based on:  Race  Color  National Origin

Date of alleged discrimination (Month, Day, Year): \_\_\_\_\_

**Please turn over the page and continue on the back.** 

**San Francisco County Transportation Authority Title VI Complaint Form** (continued)

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. Attach additional page(s) if necessary.

Have you filed a lawsuit regarding this complaint? If yes, please specify:

**SECTION IV**

Have you previously filed a Title VI complaint with this agency?  YES  NO

**SECTION V**

Have you filed a complaint with any other Federal, State, or Local agency, or with any Federal or State court?

YES  NO

If yes, check all that apply:  Federal Agency  Federal Court  
 State Agency  State Court  Local Agency

DATE(S) FILED: \_\_\_\_\_

Provide contact information for the additional agency or court:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**SECTION VI**

**Please attach any additional written material or other information that you think is relevant to your complaint.**

**SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: The Transportation Authority cannot accept your complaint without a signature.**

Submit the signed complaint form by mail, fax, or email to:

San Francisco County Transportation Authority  
Clerk of the Board  
1455 Market Street, 22nd Floor  
San Francisco, CA 94103  
FAX: 415.522.4829  
EMAIL: clerk@sfcta.org