

TITLE VI COMPLAINT FORM  
Palos Verdes Peninsula Transit Authority

The Palos Verdes Peninsula Transit Authority (PVPTA) 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 must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling 310-544-7108. The completed form should be forwarded to Ms. Beatrice Hayden, Office Manager, P.O. Box 2656, Palos Verdes Peninsula, CA 90274.

Your Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Phone: Alt. Phone: \_\_\_\_\_  
Your Street Address, \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Name(s) of person(s) discriminated against (other than complainant): \_\_\_\_\_  
Their Street Address, City, State & Zip Code: \_\_\_\_\_

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Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- National Origin (Limited
- English Proficiency)

Please describe the alleged discrimination incident. Provide the names and titles of all PVPTA staff involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Please describe the alleged discrimination incident (continued)  
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Have you filed a complaint with any other federal, state or local agencies?  
Yes / No (Circle one)

If so, list agency/agencies and contact information below:

Agency: Contact Name: \_\_\_\_\_  
Street Address, City, State & Zip Code: Phone: \_\_\_\_\_  
Agency: Contact Name: \_\_\_\_\_  
Street Address, City, State & Zip Code: Phone: \_\_\_\_\_

I affirm that I have read/written the above charge and that it is true to the best of my knowledge, information and belief.

\_\_\_\_\_

Complainant's Signature:  
Complainant's Name (Print)  
Date  
Office Use Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_