## Palos Verdes Peninsula Transit Authority Title VI Complaint Form

Palos Verdes Peninsula Transit Authority 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 IV 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 and filing a written complaint, 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:	Phone:
Street Address:	Alternate Phone:
City, State & Zip Code:	
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Address:	Phone:
Date of Incident:	Bus #/Route/Location (if applicable)

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Which of the following best describes the reason for the alleged discrimination taking place? (Check one)

$\overline{}$	Race

Color

) National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all Palos Verdes Peninsula Transit Authority representatives involved if available. Explain what happened and whom you believe was responsible. Please use an additional sheet of paper of this form if additional space is required.



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Have you filed a complaint with any other federal, state or local agencies? Yes	No

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

Agency/Agencies:	Contact Name:
Address:	Phone:

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

Signature:\_\_\_\_\_

Date:	