

Title VI Discrimination Complaint Form

Section I

Name: _____

Street address: _____

City _____ State _____ Zip _____

Telephone Numbers: (Home) _____ (Work) _____

Email Address: _____

Any accommodation requests?:

Large Print _____ Audio tape _____

TDD _____ Other _____

The North County Transit District (NCTD) is responsible for civil rights compliance and monitoring, which includes ensuring that contractors regardless of tier and subrecipients regardless of tier properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In the NCTD complaint investigation process, we analyze the complainant's allegations for possible Title VI violations. If violations are identified, they are investigated as provided in the NCTD Title VI Discrimination Complaint Process.

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", please supply the name and relationship of the person for whom you are complaining:

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

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes _____ No _____

Section III

Have you previously filed a Title VI complaint with NCTD?

Yes ___ No ___

If yes, when and against whom was the complaint filed? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Department of Transportation ___ Department of Justice ___ Equal Employment

Opportunity Commission ___ Other _____

Have you filed a lawsuit regarding this complaint? Yes ___ No ___

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV

Name of person or organization your complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

Please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. (Attach additional page(s) if necessary.

Section V

Printed name _____ Signature _____

Date: _____

**Please mail or deliver your complaint form to:
North County Transit District
ATTN: Chief Administrative Officer
810 Mission Avenue
Oceanside, CA 92054**

