



**Humboldt Community Access & Resource Center
 Mobility Management Center/CTSA
 Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: The following information is necessary to assist us in processing your complaint. **Should you require any assistance in completing this form or need a different format, please let us know.** You are not required to give your name or contact information. However, if you do not, we will be unable to inform you of the results of any investigation or to forward your complaint to the Federal Transportation Administration or other appropriate agency for further action.

1. Complainants' Name _____
2. Street Address _____
3. City, State and Zip Code _____
4. Telephone Number (Home) _____ Business _____
 Cell _____
5. Person discriminated against (if someone other than the complainant)
 Name _____
 Address _____
 City, State and Zip Code _____
6. If you are filing on behalf of someone else, did that person give you permission to file for them? ___ Yes ___ No
7. Which of the following best describes the reason you believe the discrimination took place?
 Was it because of your: (check reason)
 Race/Color___ Disability___ Religion___
 National Origin___ Age___
8. Which transportation agency do you believe is responsible?
 HCAR Dial-A-Ride or Care-A-Van ___ Fortuna Senior Bus ___
 CAE Dial-A-Ride ___ Blue Lake Rancheria ___
 ETS ___ KT-Net ___
 RTS ___ Other _____
 AMRTS ___ _____
9. What date did the alleged discrimination take place and the location? _____
10. Explain what happened and whom you believe was responsible. Please use additional pages if more space is required.

11. If you have you filed this complaint with any agency or court, please check all that apply:
___ Federal Agency ___ Federal Court ___ State Agency
___ State court ___ Local Agency

12. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

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

Complainant's Signature

Date

If filing by mail or in person, please use this address:

HCAR

Attn. Title VI Coordinator

1707 E Street

Eureka, CA 95501

You may also file your complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.