DART Title VI Complaint Form

SECTION I						
Name:						
Street Address:						
City:	State:		ZIP Code:			
Telephone:		Secondary Teleph	one:			
Email Address:						
SECTION II						
Are you filing this complaint on your own behalf? [] Yes [] No				[] No		
If you answered "yes" to the last question, go to Section III.						
If you answered "no", what is the name of the person for whom you are filing this complaint?						
Name:						
What is your relationship to this individual?						
Please explain why you have filed for a third party:						
Please confirm that you have obtaine	d permission	on of the aggrieved	[] Yes	[] No		
party to file on their behalf.			[]	[]		
SECTION III						
I believe the discrimination I experienced was based on: (check all that apply)						
[] Race [] Color [] National Origin						
Date of alleged discrimination: (mm,	. , , , , ,					
Explain as clearly as possible what			•	•		
Include specific details such as the name and contact information of the person(s) who discriminated						
against you (if known), as well as names and contact information of any witnesses, route number/name,						
and any other information that would assist us in our investigation of your allegations. If more space is						
needed, please use the back of this form.						

City of Dinuba TITLE VI PROGRAM

SECTION IV					
Have you previously filed a Title VI complaint with the City of Dinuba/DART?	[] Yes	[] No			
SECTION V					
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State					
court?					
[] Yes [] No					
If yes, check all that apply:					
1	[] State Agency				
	[] State Court				
[] Local Court					
If yes, provide information for a contact person at the agency/court where the complaint was filed. Contact Name:					
Contact Title:					
Agency/Court:					
Contact Address (agency/court):					
Contact Phone (agency/court):					
Contact Email:					
You may attach any written materials or other information that you think is relevant to your complaint. Filing this complaint with the City of Dinuba does not prevent you from filing a complaint with the Federal Transit Administration. Signature and date are required below to complete form:					
Signature Da	te				
Please submit this form in person or mail this form to the address below:					
City of Dinuba					
Attn: Business Manager/Title VI Administrator					
1088 E. Kamm Ave.					
Dinuba, CA 93618					