United Cerebral Palsy Association of Greater Sacramento, Inc.

TITLE VI COMPLAINT FORM

Section I: Please write legibly		
1. Name:		
2. Address:		
3. Telephone:	*3.a. Secondary Phone (Optional):*	
4. Email Address:		
5. Accessible Format Requirements?	[ ] Large Print	[ ] Audio Tape
	[ ] TDD	[ ] Other
Section II:		
6. Are you filing this complaint on your own behalf?	YES* [ ]	NO [ ]
**If you answered "yes" to #6, go to Section III.*		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES [ ]	NO [ ]
Section III:		
11. I believe the discrimination I experienced was based on (check all that apply): [ ] Race [ ] Color [ ] National Origin		
12. Date of alleged discrimination: (mm/dd/yyyyy)		
13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include 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. If more space is needed, please use the back of this form.		

Section IV:		
14. Have you previously filed a Title VI complaint with MBTA?	YES [ ]	NO [ ]
Section V:		
15. 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:* [ ] Federal Agency _____ [ ] State Agency _____ [ ] Local Agency _____ [ ] Federal Court _____ [ ] State Court _____		
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:	*Email:*	
Section VI:		
Name of Transit Agency complaint is against:		
Contact Person:		
Telephone:		

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

Signature and date are required below to complete form:

Signature_____ Date_____

Please submit this form in person or mail this form to the address below:

UCP of Greater Sacramento, Inc.
4350 Auburn Blvd.
Sacramento, CA 95841