

**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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

**Fresno Council of Governments**  
**ATTN: Fresno COG Title VI Coordinator**  
**2035 Tulare Street, Suite 201**  
**Fresno CA 93721**

**Phone: 559.233.4148**  
**Fax: 559.233.9645**

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Person discriminated against:  
\_\_\_\_\_

Address of person discriminated against:  
\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please check off why you believe the discrimination occurred:

- \_\_\_\_\_ race or color
- \_\_\_\_\_ national origin

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What was the date of the alleged discrimination?

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Where did the alleged discrimination take place?

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Please describe the circumstances as you saw it:

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Please list any and all witnesses' names and phone number:

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What type of corrective action would you like to see taken?

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Please attach any documents you have which support the allegation.

Then sign and date this form and send to the Fresno COG Title VI Coordinator (address is listed on page 1).

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Your Signature

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Print your name

Date