



TITLE VI COMPLAINT FORM

Before filling out this form, please read the Butte Regional Transit Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please call the number below. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Mailing address: 326 Huss Drive, Suite 150, Chico, CA 95928

Telephone: 530-809-4616 Fax: 530-879-2444

Complainant's Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (Home):		Other:
Date of alleged discrimination:		
Which of the following best descri	bes the reason you believe th	ne discrimination took place?
Was it because of your: Race	e/Color: National O	origin:
Person discriminated against (if so	meone other than complaina	nt):
Name:		
Address:		
City:	State:	Zip Code:
Have you filed this complaint with or state court? Yes	•	ocal agency; or with any federal
If yes, check each box that applies:	:	
Federal Transit Administration	Dept of Transportation	Dept of Justice EEOC
Other:		
Have vou filed a lawsuit regarding	this complaint: Yes	No

Note: If litigation is pending regarding the same is	sues, we defer to the decision of the court.
In your own words, describe the alleged discriminal believe was responsible. You should include specinumbers, witnesses, and any other information that allegations. Please also provide any other documents.	fic details such as names, dates, times, route would assist us in our investigation of the
Complainant's Signature	Date