



TITLE VI COMPLAINT FORM

FAST is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the FAST Title VI Program Administrator by calling 707-434-3800. The completed form must be returned to: FAST Title VI Program Administrator, Fairfield Transportation Center, 2000 Cadenasso Drive, Fairfield, CA 94533.

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|---|-------------|--|-------------------|----|
| Section I | | | | |
| Name: | | | | |
| Address: | | | | |
| Telephone (Home): | | | Telephone (Work): | |
| Electronic Mail Address: | | | | |
| Accessible Format Requirements? | Large Print | | Audio | |
| | TDD | | Other | |
| Section II | | | | |
| Are you filing this complaint on your own behalf? | | | Yes* | No |
| *If you answered "yes" to this question, go to Section III. | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | |
| Please explain why you have filed for a third party: _____ | | | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | Yes | No |
| Section III | | | | |
| I believe the discrimination I experienced was based on (check all that apply): | | | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin | | | | |
| Date of Alleged Discrimination (Month, Day, Year): _____ | | | | |
| 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 | | |
| Have you previously filed a Title VI complaint with this agency? | Yes | No |
| Section V | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____ | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | |
| Name: | | |
| Title: | | |
| Agency: | | |
| Address: | | |
| Telephone: | | |
| Section VI | | |
| Name of agency complaint is against: | | |
| Contact person: | | |
| Title: | | |
| Telephone: | | |

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

Signature and date required below:

Signature

Date

FAST Title VI Complaint Form
Updated: March 1, 2015

Questions Regarding this Form/FAST Title VI Process:

Fairfield and Suisun Transit
Title VI Program Administrator
Phone: 707-434-3800
Fax: 707-426-3298
Address: 2000 Cadenasso Drive, Fairfield, CA 94533

OFFICE USE ONLY

DATE RECEIVED:

RECEIVED BY: