



**METROPOLITAN
TRANSPORTATION
COMMISSION**

Bay Area Metro Center
375 Beale Street, Suite 800
San Francisco, CA 94105
415.778.6700
www.mtc.ca.gov

Metropolitan Transportation Commission (MTC) Title VI Complaint Form

Complaints must be filed within 180 days of the alleged act of discrimination.

| Section I: | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Name: | | | | |
| Address: | | | | |
| Telephone (Home): | | Telephone (Work): | | |
| Electronic Mail Address: | | | | |
| Accessible Format Requirements? Check all that apply. | <input type="checkbox"/> | Large Print | <input type="checkbox"/> | Audio Tape |
| | <input type="checkbox"/> | TDD | <input type="checkbox"/> | Other |
| Section II: | | | | |
| Are you filing this complaint on your own behalf? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| *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 filing this complaint: | | | | |
| Please explain why you are filing for this person: | | | | |
| | | | | |
| | | | | |
| Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 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"/> | | <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 the names and contact information of any witnesses. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Section IV | | | | |
| Have you previously filed a Title VI complaint with this agency? | Yes | | No | |
| Section V | | | | |
| Have you filed a 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 |
| | | Federal Court | | Local Agency |
| | | State Court | | |

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

Please sign here: _____

Date: _____

Note - MTC cannot accept your complaint without a signature.

Please mail your completed form to:
 Metropolitan Transportation Commission
 Deputy Executive Director, Operations
 Bay Area Metro Center
 375 Beale Street, Suite 800
 San Francisco, CA 94105
 Fax (415) 536-9800
 Email afremier@bayareametro.gov

If information is needed in another language, contact (415) 778.6757 or (415) 778.6769 for TDD/TTY.

如需要透過其他語言查詢資訊請致電 (415)778.6757 或TDD/TTY電話 (415)778.6769。

Si necesita información en otro idioma, llame al (415) 778.6757 o al (415) 778.6769 para servicio de TDD/TTY.