<u>TITLE VI COMPLAINT FORM</u>
Complaint must be filed within 180 days of the last date of alleged discrimination

Section 1:									
Name:									
Address:									
Telephone (Home):						Telephone (Work):			
Electronic Mail Address:									
Accessible Format	Large		TDD		Audio		Other		
Requirements?	Print				Tape				
Section II:									
Are you filing this complaint on your own behalf?								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		d for a	third pa	arty:					
Please confirm that you have obtained the permission of the								No	
aggrieved party if you are filing on behalf of a third party:									
Section III:									
I believe the discrimination I experienced was based on (check all that apply):									
[]Race []C	Color		[] Nat	ional C	rigin				
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.									
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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 lo court?	ocal agency, or	with any Federal or State						
[]Yes []No								
If yes, check all that apply:								
[ ] Federal Agency: [ ] State Agency: [ ] Federal Court: [ ] Local Agency:								
Please provide information about a contact person at the agenc Name:	y or court wher	e the complaint was filed.						
Title:								
Agency:								
Address:								
Telephone:								
Section VI:								
Name of agency complaint is against:								
Contact person:								
Title:								
Telephone number:								
You may attach any written materials or other information to complaint.  Signature and date required below:	hat you think is	relevant to your						
Signature	_	Date Date						
Please submit this form to a customer service representative	ve or mail this fo	orm to:						
Customer Service Metrolink P.O. Box 531776 Los Angeles, CA 90053-1776								