SamTrans – Title VI Discrimination Complaint Form

SamTrans is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin. Any person who believes they have been discriminated against based on one of these categories may file a complaint. Complaints must be filed within 180 calendar days of the incident.

Within 10 working days of receipt of your completed complaint form, SamTrans will contact you to confirm receipt of your complaint form and begin an investigation (unless the complaint is filed with an external entity first or simultaneously). The investigation may include discussion(s) of the complaint with all affected parties to determine the nature of the problem. The investigation generally will be conducted and completed within 60 days of receipt of a complete complaint form. Based upon all information received, an investigation report will be submitted to a SamTrans Deputy CEO. The complainant will receive a letter stating the SamTrans’ final decision by the end of the 60-day time limit.

Please complete the information below and send to:  SamTrans, Title VI Administrator
1250 San Carlos Ave. – P.O. Box 3006
San Carlos, CA 94070-1306
or: titlevi@samtrans.com

SECTION 1 - CONTACT INFORMATION

Name: ______________________________________________________________________
Address: ____________________________________________________________________
City: ________________________________ State: _____ Zip Code: _______________
Phone: (Home) ________________ (Cell)________________ (Work)_______________
[Please note if any of the phone numbers are for a TDD or TTY.]
E-mail:___________________________@____________________________

SECTION 2 – FILING FOR ANOTHER PERSON

Are you filing this complaint on your own behalf?      ____ Yes  ____ No

[If you answered "yes" to this question, go to Section 3.]

If not, please supply the name and relationship of the person for whom you are filing the complaint:
____________________________________________________________________________

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 3 – DISCRIMINATION COMPLAINT

Which of the following describes the reason you believe the discrimination took place? Was it because of your:

____Race  ____Color  ____National Origin

Please describe the Race, Color or National Origin of the aggrieved party ________________

Date and time the alleged discrimination took place: Date ___/___/____  Time ________ a.m. / p.m.

Where did the alleged discrimination take place? Specific vehicle information is helpful (e.g. vehicle number).

________________________________________________________________________

________________________________________________________________________

Is there a person you can identify who discriminated against the aggrieved party?

Name: ____________________________        ID#_________________

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use additional sheets if necessary.

________________________________________________________________________

________________________________________________________________________

SECTION 4 – PREVIOUS OR EXISTING COMPLAINTS AND LAWSUITS

Have you previously filed a Title VI discrimination complaint with SamTrans?

____ Yes, for this incident  ____ Yes, for a different incident  ____ No

Have you filed this complaint with any other agencies or a court?

____Federal Agency        ____State Agency        ____Local Agency

____Federal court        ____State court

____Other (please specify): ______________________

Have you filed a claim or lawsuit regarding this complaint? Yes____  No____

If yes, please provide a copy of the complaint form and note court where filed:

____Federal Court        ____State Court

Please provide contact person information for the agency/court where the complaint was filed.

Name / Office:________________________________________________________

Address: ____________________________________________________________

City: ____________________________ State: _____ Zip Code: _______________
SECTION 5 – SIGNATURE

Please sign below to attest to the truthfulness of the above. You may attach any written materials or other information that you think is relevant to your complaint.

____________________________________   ____________________________
Complainant’s Signature               Date

Note: A complaint also may be filed with: Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

2/25/13