

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
166 N. Rollins Rd. 5th Floor
Millbrae, CA 94030
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: _____

Phone Number _____

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

1.800.660.4287 للترجمة, اتصل علي
如需翻譯, 請電1.800.660.4287.

अनुवाद के लिए, 1.800.660.4287 पर कॉल करें।

翻訳のご用命は、+1.800.660.4287 までお電話ください。

번역을 원하시면, 1.800.660.4287 번으로 전화하십시오.

برای ترجمه، با شماره 1.800.660.4287 تماس بگیرید.

Если вам нужны услуги переводчика, обращайтесь по телефону 1-800-660-4287.

Para sa pagsasalin sa ibang wika, tumawag sa 1.800.660.4287

Cần dịch thuật, xin gọi 1.800.660.4287.