Title VI Complaint Form

Tracking Number: ______________

It is the policy of Kitsap Transit to assure that no person shall, on the grounds of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or otherwise be discriminated against under any of its federally funded programs and activities. Any person who believes his or her Title VI protection has been violated may file a complaint with Kitsap Transit’s Human Resources department.

For Title VI complaints and additional information, please call (360) 478-6227.

1. Complainant’s Name: ________________________________________________________

2. Address: __________________________________________________________________

3. City: _____________________________________________________________________

4. Telephone Number (Home): _____________________  (Business): ____________________

5. Person discriminated against (if someone other than the complainant):

   Name: _____________________________________________________________________

   Address: __________________________________________________________________

   City: _____________________________  State: _________  Zip Code: ____________
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

   a. Race: □
   b. Color: □
   c. National Origin: □

7. What date did the alleged discrimination take place? _______________________________

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

9. Have you filed this complaint with any other federal, state, or local agency or with any federal or state court?

   Yes □          No □

If yes, check each box that applies:

   Federal Agency □          Federal Court □          State Agency □
   State Court □              Local Agency □
10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _________________________________________________________________

Address: _______________________________________________________________

City: _____________________________  State: __________  Zip Code: ____________

Telephone Number: ______________________________________________________

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

________________________________________  ______________________________
Complainant’s Signature        Date

DO NOT WRITE BELOW THIS LINE

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(Kitsap Transit Use Only)

Date Received: ________________________  Received By: ________________________

To:       Department Director: ________________________________________________
          (Name & Title)

Date: ___________________________________________