

CIVIL RIGHTS COMPLAINT FORM (Title VI and ADA/§504 Complaints)

Section I:						
Name:						
Address:						
Telephone (Home):	Telephone (Home): Telephone (Work):					
E-Mail Address:						
Accessible Format Requirements:	Large Print		Audio Tape			
	IDD		Other			
Section II:						
Are you filing this complaint on your own behalf?			Yes•	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 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 III:						
 [] Title VI Complaint [] ADA/§504 Complaint I believe the discrimination I experienced was based on (check all that apply): [] Race [] Color [] National Origin [] Disability []Other Date and time of Alleged Discrimination (Month, Day, Year) 						
Explain as clearly as p against. Describe all per person(s) who discrimina any witnesses. If more	rsons who were invol ated against you (if	lved, include the nam known) as well as	ne and contact inform names and contact	mation of the		

Section IV					
Have you previously filed a Title VI/ADA complaint with this agency?	Yes	No			
Section V					
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 all that apply:					
[] Federal Agency					
[] Federal Court [] State Agency					
[] State Court [] Local Agency					
Please provide information about a contact person at the agency/court where the complaint was filed.					
Name:					
Title:					
Agency:					
Address:					
Telephone Number:					

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

Signature and date required below:

Signature

Signature (of person assisting complainant, if needed)

Please submit this form in person at either address below, or mail, email or fax this form to:

SMART - Attn: Title VI Coordinator
5401 Old Redwood Highway, Suite 200
Petaluma, CA 94954
Phone: 707-794-3330
Fax: (707) 794-3037 (Attn: SMART Title VI Coordinator)
Email: customerservice@sonomamarintrain.org (include "Title VI Complaint" in the subject line)

Date

Date