



Civil Rights Complaint Form (Title VI and ADA/§504 Complaints)

Section I:

Name: Telephone (Home/Cell):
Address: Telephone (Work/Other):
Email Address:
Accessible Format Large Print Audio Tape
Requirements: 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 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 attach additional page(s) to this form.

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

State Agency

Federal Court

Local Agency

State Court

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

Date

Signature (of person assisting complainant, if needed)

Date

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: TitleVI@sonomamarintrain.org (include "Title VI Complaint" in the subject line)