
GLENN TRANSIT SERVICE

TITLE VI COMPLAINT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Were you discriminated against because of:

- Race National Origin Color

Date of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form.

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes No

If yes, please check all that apply:

- Federal Agency Federal Court
- State Agency State Court
- Local Agency

Please provide information about the contact person at the agency/court where the complaint was filed:

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____

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

Signature

Date

Please mail this form to:

Glenn Transit Service
Attn: Program Manager
PO Box 1070
Willows, CA 95988