



# Title VI Complaint Form

Appendix C-1

If you believe you have been discriminated against on the basis of race, color or national origin by Community Transit, you may file a Title VI complaint by completing and submitting this Title VI Complaint Form. **Complaints must be filed within 180 days of the alleged discriminatory act.** If you require assistance in completing this form contact Customer Care at (425) 353-RIDE (7433) or [riders@commtrans.org](mailto:riders@commtrans.org)

## Section 1—Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Accessible Format Requirements:  Language Assistance  Large Print  Other

Are you filing this complaint on your own behalf?  Yes  No

If NO, provide the name and relationship to the person for whom you are filing the complaint:

\_\_\_\_\_

## Section 2—Alleged Discrimination Information

I believe the discrimination I experienced was based on:

Race  Color  National Origin

Date of Alleged Discrimination (Month/Day/Year): \_\_\_\_\_

Location of Alleged Discrimination: \_\_\_\_\_

If the alleged discrimination occurred on a bus, please provide the route, direction of travel, and bus number (if available): \_\_\_\_\_

\_\_\_\_\_

Explain the events that happened and why you believe you were discriminated against. Please include the names, titles and descriptions of the Community Transit employees involved, Witness and their contact information. For additional space, you may attach any written materials.

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**Section 3—Complaint Information**

Have you previously filed a Title VI complaint with Community Transit?  Yes  No

Have you filed this complaint with other Federal, State or Local Agencies?  Yes  No

If YES, list the agency/agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Section 4—Signature**

You may attach any written materials or other information relevant to your complaint.

**Please sign and date.**

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Name \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:**  
**Community Transit**  
**2312 W Casino Road**  
**Everett, Washington 98204**  
**ATTN: Title VI Officer**