

San Francisco Municipal Transportation Agency Title VI Complaint Form

SFMTA

Municipal Transportation Agency

NAME OF COMPLAINANT: _____ HOME TELEPHONE: _____

HOME STREET: _____ CITY: _____ STATE: _____ ZIP: _____

WORK TELEPHONE: _____ RACE/ETHNIC GROUP: _____ SEX: _____

E-MAIL ADDRESS: _____

PERSON DISCRIMINATED AGAINST (IF OTHER THAN COMPLAINANT): _____

HOME STREET: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

1. SPECIFIC BASIS OF DISCRIMINATION (Check appropriate box(es): Race Color National origin

2. Date of alleged discriminatory act(s) _____

3. RESPONDENT (individual complaint is filed against):

NAME: _____ POSITION: _____

WORK LOCATION: _____

4. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper.

5. Did you file this complaint with another federal, state or local agency or with a federal or state court? YES NO

If answer is yes, check each agency complaint was filed:

Federal agency Federal court State agency State court Local agency

Date filed: _____

6. Provide contact person information for the additional agency or court:

NAME: _____ HOME TELEPHONE: _____

HOME STREET: _____ CITY: _____ STATE: _____ ZIP: _____

Sign complaint in the space above. Attach any supporting documents.

SIGNATURE: _____ DATE: _____

Please submit the signed complaint form by mail, fax or email to:

San Francisco Municipal Transportation Agency

ATTN: Office of Agency Oversight

1 South Van Ness, 3rd Floor, San Francisco, CA 94103

TEL: 415.701.4407 / FAX: 415.701.4402

EMAIL: OfficeofAgencyOversight@sfmta.com