## GOLDEN GATE BRIDGE, HIGHWAY AND TRANSPORTATION DISTRICT

## TITLE VI COMPLAINT FORM

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:		1			
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		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			Yes	No	
aggrieved party if you are filing on behalf of a third party.					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race [] C	olor [ ] National Origin				
Date 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 use the back of this form.					
Section IV					
Have you previously filed a Title VI complaint with this agency?			Yes	No	

Section V	
Have you filed this complaint with any other or State court?	Federal, State, or local agency, or with any Federal
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	
[] Federal Court	[] State Agency
[ ] State Court	[ ] Local Agency
Please provide information about a contact per filed.	erson at the agency/court where the complaint was
Name:	
Title:	
Agency:	
Address:	
Telephone:	
You may attach any written materials or other complaint. Signature and date are required below.	information that you think is relevant to your
Signature	Date

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

Golden Gate Transit EEO Office 1011 Andersen Drive San Rafael, CA 94901-5318

Fax: (415) 257-4555

Email: TitleVIComplaints@goldengate.org