Title VI Complaint Form
Gold Coast Transit (GCT)
Oxnard, CA 93030

GCT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Officer by calling (805) 483-3959. The completed form must be returned to Gold Coast Transit, Title VI Coordinator, 301 East Third Street, Oxnard, CA 93030

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	
Which of the following best describes the reason the alleged discrimination took place? (Circle one) Race Color National Origin (Limited English Proficiency)	Date of Incident:
Please describe the alleged incident(s) of discrimination. Provide the names and titles of all GCT employees involved if available. Explained what happened and whom you believe was responsible. Please use the back of this form if additional space is required.	
Complete reverse side of form	

Please describe the alleged incident of discrimination. (continued)	
Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No If so, list agency / agencies and contact information below:	
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. Complainant's Signature: _____	Date:

Print or Type Name of Complainant

Date Received: _____

Received By: _____