

Title VI Civil Rights Complaint Form



Return this completed form to: **GCTD Title VI Coordinator, 1901 Auto Center Drive Oxnard, CA 93036**

GCTD 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, 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 Gold Coast Transit District at (805) 483-3959.

| | |
|--------------------|-------------------|
| First Name: | Last Name: |
|--------------------|-------------------|

| | |
|---------------|---------------|
| Phone: | Email: |
|---------------|---------------|

| | |
|------------------------|--------------------------|
| Street Address: | City, State, Zip: |
|------------------------|--------------------------|

Name of Person(s) discriminated against: (if other than complainant)

| | |
|------------------------|--------------------------|
| Street Address: | City, State, Zip: |
|------------------------|--------------------------|

| | |
|---|---------------------------------------|
| <p>Which of the following best describes the reason the alleged discrimination took place? (Check box)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Limited English Proficiency) | <p>Date of Incident: _____</p> |
|---|---------------------------------------|

Have you filed a complaint with any other federal, state or local agencies? (Check box)

No

Yes If Yes, list agency, and contact information below.

| | |
|---------------------|-----------------------------------|
| Agency Name: | Address, City, State, Zip: |
| Phone: | Person Contacted: |

Please describe the alleged incident (s) of discrimination. Provide the names and titles of all GCTD employees involved if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

Additional space on reverse...

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief.

| | |
|---------------------------------|--------------|
| Complainants' Signature: | Date: |
|---------------------------------|--------------|