BAY METROPOLITAN TRANSPORTATION AUTHORITY
TITLE VI COMPLAINT FORM

State your name and address.

Name:____________________________________   Phone:_______________________
Address:_________________________________________ City/State ______________

1. Does your complaint concern discrimination in the delivery of services or in other discriminatory actions by BMTA in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken and your reason why (add more pages if needed).

   _____Race/Ethnicity:_______________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

   _____National origin:_______________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

   Sex:_____________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

   Religion:________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

   _____Age:________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

   _____Disability:___________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

2. What is the most convenient time and place for us to contact you about this complaint?
   _________________________________________________________________________________________
   _________________________________________________________________________________________

3. Which BMTA employee is accused of discrimination? What was done?________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

4. What remedy are you seeking for the alleged discrimination?_________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________
5. Please provide a complete description of the incident that happened.

6. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below:

______________________________    _______________
Signature                 Date