



**TITLE VI COMPLAINT FORM**

**SECTION I**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ACCESSIBLE FORMAT: LARGE PRINT

**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 aggrieved party if you are filing on behalf of a third party.

Yes

No

**SECTION III**

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

**Please mail this form with your full complaint and relevant documentation to:**

**FACT, Inc.  
516 Civic Center Drive  
Oceanside, CA 92054**