



Santa Rosa CityBus Title VI Complaint Form

Santa Rosa CityBus 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. The following information is necessary to help us in processing your complaint. If you require assistance in completing this form, please contact CityBus Customer Service by calling (707) 543-3333. Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The completed form can be returned to the City of Santa Rosa at the following address:

City of Santa Rosa Human Resources Department
Attn: Risk Manager
100 Santa Rosa Avenue, Room 1
Santa Rosa, CA 95404

Complainant

Your Name

Email Address

Telephone

Street Address

City State Zip Code

Person(s) alleging discrimination (if different from complainant). Attach additional page if more space is required.

Name

Email Address

Telephone

Street Address

City State Zip Code

Which of the following best describes the reason for the alleged discrimination? (Check one or more)

Race Color National Origin, including Limited English Proficiency

Please describe the alleged discrimination incident.

Date of incident Bus number (if applicable)

Approximate time of day Route number (if applicable)

Location

Please explain what happened and who you believe was responsible. Please provide as much detail as possible. More space is available on the back of this form. Attach additional page if more space is required.

Names and contact information for witnesses:

Have you filed a complaint regarding the alleged discrimination with any other federal, state or local agencies?

Yes No

If yes, please list agency/agencies and contact information below:

Name of Agency
Email Address
Telephone
Street Address
City State Zip Code

Name of Agency
Email Address
Telephone
Street Address
City State Zip Code

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

Type Name of Complainant

Date

Complainant's Signature

NOTE: If you are unable to sign this form electronically on your computer, submit it without a signature and a City of Santa Rosa representative will contact you.

For City of Santa Rosa Use Only

Date Received: _____

Received By: _____