

Title VI complaint Form
San Joaquin Regional Rail Commission (SJRRC)
Office of Compliance

SJRRC 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 Coordinator by calling (209) 944-6241. The completed form must be returned to SJRRC Office of Compliance, Title VI Coordinator, 949 East Channel Street, Stockton, CA 95202.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State and Zip Code
Person(s) Discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State and Zip Code:	

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

- RACE Date of Incident: _____
 COLOR
 NATIONAL ORIGIN (LIMITED ENGLISH PROFICIENCY) Time of Incident: _____

Please describe the alleged discrimination incident. Provide the names and titles of all SJRRC employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

(Complete next page of form)

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Office of Civil Rights**

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Check one)
 YES NO

If so, list agency / agencies and contact information below

<u>Agency:</u> _____	<u>Contact Name:</u> _____
Street Address, City, State & Zip Code: _____	Phone: _____

<u>Agency:</u> _____	<u>Contact Name:</u> _____
Street Address, City, State, & Zip Code: _____	Phone: _____

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

_____ Complainant's Signature	_____ Date
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Print or Type Name of Complainant

Date Received: _____
Received By: _____