

**City of La Mirada
Transit Services
Title VI Complaint Form**

As required by the Federal Transit Administration (FTA) and as set forth in Title VI of the Civil Rights Act of 1964:

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. 2000d)

If you believe you have been the target of discrimination on the basis of race, color or national origin, please complete this form in as much detail as possible. This completed form must be submitted within 180 days of the incident. If you need help completing this form for any reason, please contact the City Clerk's Office at (562) 943-0131.

Section I:	
Name: _____	
Address: _____	
Telephone (Home): _____	Telephone (Cell): _____
Email Address: _____	
Section II:	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes," go to Section III	
If you answered "No":	
Please supply the name and relationship of the person for whom you are filing this form: _____	
Explain why you have filed for a third party: _____	
Have you obtained the permission of the aggrieved party? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III:	
I believe the discrimination experienced was based on (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other* _____	
Date of Alleged Discrimination (Month, Day, Year): _____	
<small>*Non-Title VI discrimination allegations will be investigated using the same procedures as outlined in the "Title VI Complaint Procedures" document.</small>	
(continued on back)	

Explain as clearly and completely as possible what happened and why you believe you (or another) were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional sheets.

Section IV:

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check all that apply and list the agency's name:

Federal Agency _____ State Agency _____

Federal Court _____ State Court _____

Local Agency _____ Other _____

Please provide information for the contact person at the agency/court(s) where the complaint was filed. (Please attach additional sheets if more than one agency/court.)

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Please attach any written materials or other information that you think is relevant to your complaint. Signature and date are required.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

City Clerk's Office
City of La Mirada
13700 La Mirada Boulevard
La Mirada, California 90638
(562) 943-0131