

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States of America 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."

Please provide the following information necessary in order to process your complaint.

Assistance is available upon request by calling the Title VI Coordinator at (559) 621-7433 or dial 711 California Relay Service. Complete this form, sign it, and mail or deliver it to:

Fresno Area Express
Attn: Title VI Coordinator
2223 "G" Street
Fresno CA 93706-1600

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No. (Home/Cell): _____ (Work): _____

5. Person allegedly discriminated against (if other than complainant): _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on? (Check all that apply)
 Race Color National Origin

7. Date of alleged incident resulting in discrimination: _____

8. In your own words, describe the alleged discrimination.
What happened and who was responsible?
For additional space, attach additional sheets as needed.

9. What FAX representative(s) were allegedly involved?

10. Where did the incident take place? _____
Please provide location, bus number, drivers name, etc.

11. Witnesses? Please provide their contact information.

Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No. (Home/Cell): _____ (Work): _____

Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No. (Home/ Cell): _____ (Work): _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No. (Home/ Cell): _____ (Work): _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?
 Yes No

If answer is yes, check each agency complaint was filed with:

Federal Agency Federal Court State
 State Court Local Agency AgencyOther

13. If you answered yes to question 13, please provide the contact person information for the agency you also filed the complaint with:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No. (Cell) _____ (Work): _____

Sign the complaint in the space below. Attach any documents you believe supports your complaint.

Complainant's Signature: _____ Signature Date: _____