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  [ ] State Court  [ ] Federal Court  [ ] Local Agency  [ ] State Agency Other

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: ________________