



## Title VI Complaint Form

**(Complaints must be filed within 180 days of the alleged act of discrimination)**

<b>Section I</b>				
Name:				
Address:				
Home Telephone:		Work Telephone:		
Email:				
Accessible Format Requirements	Large Print <input type="checkbox"/> Yes <input type="checkbox"/> No	TDD <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio Tape <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section II</b>				
Are you filing this complaint on your own behalf?			<input type="checkbox"/> Yes* <input type="checkbox"/> No	
* - If you answered "Yes" to the question above, please go to Section III				
If you are not, please provide the name and relationship of the person for whom you are filing this complaint.				
Please explain why you are filing for this person.				
Please confirm that you have obtained the permission of the person complaining if you are filing on their behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Section III</b>				
I believe the discrimination I experienced was based on (check all that apply):		<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination :				

Please explain what happened and why you believe were discriminated against. Describe all persons who were involved. If you know the name and contact information of the person you believe discriminated against you, please include it here. Also include the name of any witnesses.

**Section IV**

Have you previously filed a Title VI complaint with the Torrance Transit System?  
 Yes     No

Have you filed a complaint with any other Federal, State or local agency, or with any Federal or State Court?	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> State Agency
	<input type="checkbox"/> Federal Court	<input type="checkbox"/> Local Agency
	<input type="checkbox"/> State Court	

Please attach any additional written materials or information that you think may be relevant to your complaint.

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Date:

**Please mail your completed form to:**  
Torrance Transit System  
20500 Madrona Avenue  
Torrance, CA 90503  
Attn: Administration Manager

**Or you can send your form by:**  
Fax: (310) 618-6229  
Email: [Transit@TorranceCA.GOV](mailto:Transit@TorranceCA.GOV)