Caltrain – Title VI Discrimination Complaint Form

Caltrain is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin. Any person who believes they have been discriminated against based on one of these categories may file a complaint. Complaints must be filed within 180 calendar days of the incident.

Within 10 working days of receipt of your completed complaint form, Caltrain will contact you to confirm receipt of your complaint form and begin an investigation (unless the complaint is filed with an external entity first or simultaneously). The investigation may include discussion(s) of the complaint with all affected parties to determine the nature of the problem. The investigation generally will be conducted and completed within 60 days of receipt of a complete complaint form. Based upon all information received, an investigation report will be submitted to the Caltrain Chief Operating Officer - Rail. The complainant will receive a letter stating the Caltrain's final decision by the end of the 60-day time limit.

Please complete the information below and send to: Caltrain, Title VI Administrator

1250 San Carlos Ave. - P.O. Box 3006

San Carlos, CA 94070-1306 or: titlevi@caltrain.com

SECTION 1 – CONTACT INFORMATION

Name:				
Address:				
City:				
Phone: (Home)	(Cell)		(Work)	
[Please note if any of the p	hone numbers are for	a TDD or TTY.]		
E-mail:	@			
SECTION 2 – FILING FOR	R ANOTHER PERSON	<u> 1</u>		
Are you filing this complair	nt on your own behalf?	Yes	No	
[If you answered "yes" to the	nis question, go to Sec	ction 3.]		
If not, please supply the na	ame and relationship o	f the person for	whom you are	filing the complaint
Please explain why you ha	ive filed for a third part	y		
Please confirm that you ha				-

SECTION 3 – DISCRIMINATION COMPLAINT

because of your:
RaceColorNational Origin
Please describe the Race, Color or National Origin of the aggrieved party
Date and time the alleged discrimination took place: Date// Timea.m. / p.r
Where did the alleged discrimination take place? Specific vehicle information is helpful (e.g. vehicle number).
Is there a person you can identify who discriminated against the aggrieved party?
Name: ID#
In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use additional sheets if necessary.
SECTION 4 – PREVIOUS OR EXISTING COMPLAINTS AND LAWSUITS
Have you previously filed a Title VI discrimination complaint with Caltrain?
Yes, for this incident Yes, for a different incident No
Have you filed this complaint with any other agencies or a court?
Federal AgencyState AgencyLocal Agency
Federal courtState court
Other (please specify):
Have you filed a claim or lawsuit regarding this complaint? Yes No
If yes, please provide a copy of the complaint form and note court where filed:
Federal CourtState Court
Please provide contact person information for the agency/court where the complaint was filed. Name / Office:
Address:
City: State: Zin Code:

Please sign below to attest to the truthfulness of the other information that you think is relevant to your co	,
Complainant's Signature	Date

Phone Number _____

SECTION 5 – SIGNATURE

Note: A complaint also may be filed with: Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

11/28/16