

TITLE VI COMPLAINT FORM

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of Santa Clarita Transit (hereinafter referred to as "SCT") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. SCT investigates complaints received no more than 180 days after the alleged incident. SCT will process complaints that are complete.

Once the complaint is received, SCT will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

SCT has 90 days to investigate the complaint. If more information is needed to resolve the case, SCT may contact the complainant. The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 60 business days, SCT can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 15 business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.



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Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that *no person in the United States shall, on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the City of Santa Clarita Transit Division: 28250
Constellation Rd Santa Clarita, CA 91355

1. Complainant's Name _____
2. Address _____
3. City _____ State _____ Zip Code _____
4. Telephone Number (home) _____ (business) _____
5. Person discriminated against (if someone other than the complainant)
Name _____
Address _____
City _____ State _____ Zip Code _____
6. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:
a. Race/Color c. Sex e. Disability
b. National Origin d. Age
7. What date did the alleged discrimination take place?



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8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. 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 each box that applies:

Federal agency

Federal court

State agency

State court

Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date