



City of Madera Transit System
Civil Right Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States 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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Transit Program Manger at 559.661.3693. Complete and return this form to:

Transit Program Manager – Compliance Specialist
205 W. 4th Street
Madera, Ca. 93638

1. Complainant's Name: _____

2. Address: _____

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

4. Telephone (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 b. National Origin c. Age d. Gender e. Income

7. What date did the alleged discrimination take place?

8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible.

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