



## **San Joaquin Regional Transit District Title VI Complaint Process and Form**

RTD is fully compliant with the requirements of Title VI of the Civil Rights Act of 1964 and is committed to making its services accessible to everyone. Persons who believe they have been discriminated against on the basis of race, color, or national origin by RTD may file a formal Title VI discrimination complaint within 180 days of the alleged occurrence by completing and submitting the RTD Title VI Complaint Form.

A Title VI complaint must be made in writing. If the customer requires assistance in completing the form to file the complaint, please contact the Customer Engagement Department at (209) 943-1111 and they will provide assistance. Submit the completed form by mail, fax, email, or deliver in-person to:

### **San Joaquin RTD**

Attn: Title VI Administrator  
P.O. Box 201010  
Stockton, CA 95201  
Fax: (209) 948-8516  
email: [comments@sjRTD.com](mailto:comments@sjRTD.com)

Customers may also choose to file a complaint directly with:

### **State of California Department of Transportation**

Division of Rail and Mass Transportation  
P.O. Box 942874, MS #39  
Sacramento, CA 94274-0001

### **Federal Transit Administration Office of Civil Rights**

Attn: Complaint Team  
East Building, 5th Floor – TCR  
1200 New Jersey Ave, SE  
Washington, DC 20590

If the complaint is submitted to RTD, we will review the information and send a letter of acknowledgement to inform the customer whether the complaint will be investigated. A final written determination of the outcome of the complaint will occur no later than 30 working days of receipt. If the complaint is not substantiated, RTD will advise the complainant of his or her right to appeal.

### **Appeals Process**

If complainant disagrees with RTD's determination, the complainant may appeal the decision in writing with RTD (at the address above). If the complainant believes the occurrence of the discriminatory act is in violation of federal laws, the appeal may be submitted directly to the following agencies:

- Appeals must be filed **within 180 days of the alleged discriminatory act** to the Federal Transit Administration Office of Civil Rights  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue SE  
Washington, DC 20590
- Appeals must be filed within **180 days of the alleged discriminatory act or 300 days if the charge is also covered by a state or local anti-discrimination law** to the Equal Employment Opportunity Commission  
San Francisco District Office  
450 Golden Gate Avenue  
5 West, P.O. Box 36025  
San Francisco, CA 94102-3661

## San Joaquin Regional Transit District Title VI Complaint Form

*Fill form out COMPLETELY. Only complete complaints will be processed.*

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?		
<input type="checkbox"/> <b>Yes. Go to Section III.</b>		
<input type="checkbox"/> No. If not, supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Confirm you have obtained permission from the aggrieved party if you are filing on behalf of a third party.	<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 (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		
<b>Section VI:</b>		
Have you previously filed a discrimination complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide any reference information regarding your previous complaint.		
_____		
_____		
_____		
<b>Section V:</b>		

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 all that apply:

- Federal Agency: \_\_\_\_\_
- Federal Court: \_\_\_\_\_      State Agency: \_\_\_\_\_
- State Court : \_\_\_\_\_      Local Agency: \_\_\_\_\_

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

Name:

Title:

Agency:

Address:

Telephone:

**Section VI:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date