



Title VI 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 Tahoe Transportation District is committed to complying with the requirements of Title VI of the Civil Rights Act of 1964. Any person who believes they have been discriminated against based on race, color, or national origin may file this complaint form.

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 Tahoe Transportation District, PO Box 499, Zephyr Cove, NV 89448 (mail) or 128 Market Street, Suite 3F, Stateline, NV 89449 (hand delivery).

1. Complainant's Name: _____
2. Mailing Address: _____
3. City/State/Zip Code: _____
4. Telephone: _____
5. Person discriminated against (if other than complainant):
Name: _____
Address: _____
City/State/Zip Code: _____
6. What was the discrimination based on? (Check all that apply):
 - a. Race:
 - b. Color:
 - c. National Origin:
7. What date did the discrimination take place? _____

8. Describe how you were discriminated against. What happened and who was responsible. Please use the back of the form or additional sheets of paper if necessary.

9. Did you file 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 | <input type="checkbox"/> | Federal Court | <input type="checkbox"/> | State Agency | <input type="checkbox"/> |
| State Court | <input type="checkbox"/> | Local Agency | <input type="checkbox"/> | Other | <input type="checkbox"/> |

10. Please provide the contact information for the agency/court where the complaint was also filed:

Name: _____

Address: _____

City/State/Zip Code: _____

Date Filed: _____

Please sign:

Complainant's Signature: _____ Date: _____

You may attach any written materials or other information that may be relevant to your complaint.