



Title VI Complaint Form

Omnitrans is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title IV of the Civil Rights Act of 1964, and as amended. **Title VI complaints must be filed within 180 days from the date of the alleged discrimination.**

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form and filing a written complaint, contact our Customer Service Representatives at 800-966-6428 or 909-379-7100, or by visiting the main Omnitrans East Valley facility on Fifth Street at Medical Center Drive.

The completed form must be returned to **Omnitrans attn: Title VI - Customer Information Desk, 1700 W. Fifth Street, San Bernardino, CA 92411** or **contact@omnitrans.org**.

Your Name:	Phone:
Street Address:	Alternate Phone:
City, State & Zip Code:	
Person(s) discriminated against (if someone other than complainant): Name(s):	
Address:	Phone:
Date of Incident:	Bus #/Route/Location (if applicable):

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Which of the following best describes the reason for the alleged discrimination taking place? (Check one)

_____ Race

_____ Color

_____ National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all Omnitrans representatives involved if available. Explain what happened and identify who you believe was responsible. Please attach an additional sheet of paper if more space is required.

Have you filed a complaint with any other federal, state or local agencies? **Yes** ___ **No** ___

If yes, list agency/agencies and contact information below:

Agency/Agencies:	Contact Name:
Address:	Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____ **Date:** _____