



**Title VI Complaint Form**

Santa Clara Valley Transportation Authority (VTA)  
Accessibility, Civil Rights and Equity (ACRE)

VTA 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 VI of the Civil Rights Act of 1964, 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, please contact the Office of Accessibility, Civil Rights and Equity (ACRE) by calling (408) 952-8901. The completed form must be returned to VTA Office of Accessibility, Civil Rights and Equity (ACRE), 3331 North First Street, Building B-1, San Jose, CA 95134.

Your Name:
Phone:
Alt Phone:
Street Address:
City, State, & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):

Which of the following best describes the reason for the alleged discrimination? (Circle one)

Date of Incident: \_\_\_\_\_

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discriminatory incident. Provide the names and title of all VTA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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(ACRE)

Please describe the alleged discriminatory incident (continued) \_\_\_\_\_

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Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No  
if so, list agency / agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street Address, City, State & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street Address, City, State & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name of Complainant

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
\_\_\_\_\_