# CIVIL RIGHTS COMPLAINT FORM

(Title VI and ADA/§504 Complaints)

## Section I:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Telephone (Home):</th>
<th>Telephone (Work):</th>
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<tbody>
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<thead>
<tr>
<th>E-Mail Address:</th>
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<tr>
<th>Accessible Format Requirements:</th>
<th>Large Print</th>
<th>Audio Tape</th>
</tr>
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<tbody>
<tr>
<td>IDD</td>
<td></td>
<td>Other</td>
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</tbody>
</table>

## Section II:

Are you filing this complaint on your own behalf? **Yes** | **No**

*If you answered "yes" to this question, go to Section III.*

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. **Yes** | **No**

## Section III:

[ ] Title VI Complaint [ ] ADA/§504 Complaint

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin [ ] Disability [ ] Other_______

Date and time 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 attach additional page(s) to this form.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
### Section IV

Have you previously filed a Title VI/ADA complaint with this agency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

### Section V

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 Number:**

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Signature (of person assisting complainant, if needed)  

Date

Please submit this form in person at either address below, or mail, email or fax this form to:

SMART  
5401 Old Redwood Highway, Suite 200  
Petaluma, CA 94954  
Phone: 707-794-3330  
Fax: 707-794-3037  
Email: info@sonomamarintrain.org