



CIVIL RIGHTS COMPLAINT FORM
(Title VI and ADA/§504 Complaints)

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-Mail Address:				
Accessible Format Requirements:	Large Print		Audio Tape	
	IDD		Other	
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:				
<input type="checkbox"/> Title VI Complaint <input type="checkbox"/> ADA/§504 Complaint 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 <input type="checkbox"/> Disability <input type="checkbox"/> 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?	Yes	No
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:

_____ Signature	_____ Date
_____ 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