Tracking Number: _____

Title VI Complaint Form

It is the policy of Kitsap Transit to assure that no person shall, on the grounds of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or otherwise be discriminated against under any of its federally funded programs and activities. Any person who believes his or her Title VI protection has been violated may file a complaint with Kitsap Transit's Human Resources department.

For Title VI complaints and additional information, please call (360) 478-6227.

1. Complainant's Name: _____
2. Address: _____
3. City: _____
4. Telephone Number (Home): _____ (Business): _____
5. Person discriminated against (if someone other than the complainant):

   Name: _____

   Address: _____

   City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

   a. Race: ☐
   b. Color: ☐
   c. National Origin: ☐

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

_____

_____

_____

_____

_____

_____

9. 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 each box that applies:

   Federal Agency ☐ Federal Court ☐ State Agency ☐

   State Court ☐ Local Agency ☐

10. Please provide information about a contact person at the agency/court where the complaint was filed.

    Name: _____

    Address: _____

    City: _____ State: _____ Zip Code: _____

    Telephone Number: _____

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

    _____ _____

    Complainant's Signature Date

DO NOT WRITE BELOW THIS LINE

(Kitsap Transit Use Only)

Date Received: _____ Received By: _____

To: Department Director: _____
(Name & Title)

Date: _____

Assigned Investigator: _____

Investigation Start Date: _____

Investigation Completion Date: _____

Complainant Notified On: _____

By:
- ☐ Telephone
- ☐ Personal E-mail
- ☐ Certified Mail
- ☐ Regular Mail
- ☐ In Person

COMMENTS

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