Title VI Complaint Form



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 so	omeone other than the	e 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 to your complaint.	attach any written materials	or other information that y	you think is relevant
Complainant's Signature		Date	
	DO NOT WRITE BELOW	THIS LINE	
	(Kitsap Transit Use C		
Date Received:	Received By:		
To: Department Director:			
	(Na	me & Title)	
Date:			