

Rio Vista Delta Breeze 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 should be filed as close to the date of the alleged discrimination as possible, but no later than 180 days. The following information is necessary to assist us in processing your complaint.

Section I: Contact Information				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II: Filing for Another Person				
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: Discrimination 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				
Date 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, use additional sheets.				

Section IV: Previous or Existing Complaints or Lawsuits		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____		
<input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section V: Signature		
Please sign below to attest to the truthfulness of the above. You may attach any written materials or other information that you think is relevant to your complaint.		
<div style="border-bottom: 1px solid black; width: 100%;"></div>		
Signature	Date	

Please submit this form in person at the address below, or mail this form to:

City of Rio Vista
 Brandon Thomson, Transit Manager
 1 Main Street
 Rio Vista, CA 94571
 (707) 399-3234
 Email bthomson@sta.ca.gov

Note: A complaint also may be filed with: Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.