CITY OF WOODLAKE DIAL-A-RIDE
TITLE VI COMPLAINT FORM

Section I: (Please write legibly)

1. Name: _____
2. Address: _____
3. Telephone: _____ 3.a. Secondary Phone (Optional): _____
4. Email Address: _____
5. Accessible Format Requirements?

   [ ] Large Print [ ] Audio Tape [ ] TDD [ ] Other

Section II:

6. Are you filing this complaint on your own behalf? Yes* _____ No _____

   *If you answered "yes" to #6, go to Section III.
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint?

   Name: _____
8. What is your relationship with this individual: _____
9. Please explain why you have filed for a third party: _____
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf. Yes _____ No _____

Section III:

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

    [ ] Race [ ] Color [ ] National Origin
12. Date of alleged discrimination: (mm/dd/yyyy) _____
13. 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 use the back of this form.

Section IV:

14. Have you previously filed a Title VI complaint with the City of Woodlake?

    Yes _____ No _____

Section V:

15. 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 _____ [ ] State Agency _____

[ ] Federal Court _____ [ ] Local Agency _____

[ ] State Court _____

16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____ Email: _____

Section VI:

Name of Transit Agency complaint is against: _____

Contact Person: _____

Telephone: _____

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

Signature and date are required below to complete form:

Signature _____ Date_____

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

City of Woodlake – City Clerk
Title VI Compliance Coordinator
350 N. Valencia Boulevard
Woodlake, CA 93286