

City of Corona Transit Service 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?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	
	<input type="checkbox"/> TDD	<input type="checkbox"/> 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):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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.			

