



## SQUAXIN TRANSIT TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin in programs and activities receiving Federal financial assistance. Squaxin Transit is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.A If you believe you have been subjected to discrimination under Title VI, you may file a complaint by completing this form and submitting it to the Squaxin Island Tribe, Title VI Coordinator, 10 SE Squaxin Lane, Shelton, WA 98584.

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):		Telephone (Work):
Electronic Mail Address:		
Accessible Format Requirements?	Large Print Audio Tape	Other
	TDD	
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	Yes* *If you answered "yes" to this question, go to Section III.	No
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
<b>Section III:</b>		
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, please use the back of this form or attach another sheet of paper.		



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<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No

<b>Section V</b>		
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:

Federal Agency:

Federal Court

State Court

State Agency

Local Agency

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

Name:

Title:

Agency:

Address:

Telephone:

### **Section VI**

Name of agency complaint is **Squaxin Transit**  
against:

Contact person: Marvin Campbell

Title: Tribal Administrator

Telephone number: (360) 426-9781

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date are required below.

Signature

Date

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

Squaxin Island Tribe Title VI Coordinator  
10 SE Squaxin Lane  
Shelton, WA 98584