



# CIVIL RIGHTS COMPLAINT FORM (Title VI and ADA/§504 Complaints)

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
E-Mail Address:				
Accessible Format Requirements:	Large Print		Audio Tape	
	IDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?		Yes•		No
*If you answered "yes" to this question, go to <b>Section III</b> .				
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>				
<input type="checkbox"/> Title VI Complaint <input type="checkbox"/> ADA/§504 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 <input type="checkbox"/> Disability <input type="checkbox"/> Other _____  Date and time 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 attach additional page(s) to this form.  _____ _____ _____				

Section IV		
Have you previously filed a Title VI/ADA complaint with this agency?	Yes	No
Section V		
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 Number:		

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

Signature and date required below:

_____ Signature	_____ Date
_____ Signature (of person assisting complainant, if needed)	_____ Date

Please submit this form in person at either address below, or mail, email or fax this form to:

SMART  
 5401 Old Redwood Highway, Suite 200  
 Petaluma, CA 94954  
 Phone: 707-794-3330  
 Fax: 707-794-3037  
 Email: [info@sonomamarintrain.org](mailto:info@sonomamarintrain.org)