



**Metro**<sup>®</sup>

Los Angeles County  
Metropolitan Transportation Authority

One Gateway Plaza  
Los Angeles, CA 90012-2952

213.922.2000 Tel  
metro.net

## Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that *no person in the United States shall, on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to Employee Relations: Metro Customer Relations, Los Angeles County Metropolitan Transportation Authority, 1 Gateway Plaza, Los Angeles, CA 90012

1. Complainant's Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Telephone Number (home) \_\_\_\_\_ (business) \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place?  
Was it because of your:

a. Race/Color                       c. Sex                       e. Disability

b. National Origin                       d. Age

7. What date did the alleged discrimination take place?

\_\_\_\_\_



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8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. 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 each box that applies:

Federal agency       Federal court       State agency   
State court       Local agency

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date