



# EL DORADO TRANSIT

**El Dorado County Transit Authority  
TITLE VI DISCRIMINATION COMPLAINT FORM  
6565 Commerce Way, Diamond Springs, CA 95619**

**Complainant's Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
**Date of Violation:** \_\_\_\_\_ **Time of Violation:** \_\_\_\_\_  
**Date of Complaint:** \_\_\_\_\_ **Place of Violation:** \_\_\_\_\_  
**Bus Number:** \_\_\_\_\_ **Bus Route:** \_\_\_\_\_

**Discrimination because of:**  Race  Color  National Origin  
 Age  Sex  Sexual Orientation  Gender Identity

**Please provide the name(s) of the El Dorado Transit employees who allegedly discriminated against you, including their job titles (if known).**

\_\_\_\_\_  
\_\_\_\_\_

**Identify what El Dorado Transit service, program, or activity did not comply with Title VI of the Civil Rights Act of 1964.**

\_\_\_\_\_  
\_\_\_\_\_

**Identify individuals by name, address and phone number that has information relating to the violation.**

\_\_\_\_\_  
\_\_\_\_\_

**Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other individuals were treated differently from you.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_