



WEST END YMCA

Senior Transportation Program

Title VI Complaint Form

SECTION 1

Name:		
Home address:		
City:	State:	Zip:
E-mail:	Phone #	
	Cell #	

SECTION 2

Are you filling this complaint on your own behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES proceed to Section 3
If not, please supply the name and relationship of the person for whom you are complaining:		
Name:	Relationship:	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3

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 attach additional pages to this complaint form.



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SECTION 4

Have you previously filed a Title VI complaint with this agency? Yes No

If so, when and with whom:

SECTION 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If you answered yes to this question please check all that apply, (include name of agency)

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:

Address:

Agency

Telephone

SECTION 6

Name of branch your complaint is against:

Ontario-Montclair

Rancho Cucamonga & Fontana

Program:

Silver Stars

Silver Fox Express

Contact Person:

Title:

Phone:

SECTION 7

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

Signature:

Date

Please submit this form in person or via mail to:

WEST END YMCA

10970 Arrow Rte #106

Rancho Cucamonga, CA 91730

Attn: Senior Transportation Program