

Civil Rights Complaint Form
City of Pasadena Transit Division

The City of Pasadena Transit Division, responsible for the planning and operation of Pasadena Transit and Pasadena Dial-A-Ride, is committed to ensuring that no person is excluded from participation in, or denied the benefits of its service on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. In addition to Title VI of the Civil Rights Act of 1964, the City of Pasadena Transit Division also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status or sexual orientation.

Any person who believes he or she may have been aggrieved by any unlawful discriminatory practice by Pasadena Transit or Dial-A-Ride may file a complaint with the City of Pasadena Transit Division using this form. Title VI complaints must be filed within 180 days of the date of the alleged discrimination.

In addition to utilizing the civil rights complaint process at the City of Pasadena Transit Division, a complainant may file a complaint pertaining to race, color or national origin with the Federal Transit Administration (FTA), Office of Civil Rights: Attention Title VI Program Coordinator, east Building 5th Floor TCR , 1200 New Jersey Ave., SE, Washington DC, 90590

Section I			
Name:			
Address: (Number, Street, Apt. City, State, ZIP)			
Telephone (home):		Telephone (work):	
E-mail:			
Accessible Format Requirements (circle if applicable):			
Large Print	Audio Tape	TDD	Other
If Other, please specify:			

Section II			
Are you filing this complaint on your own behalf? (circle one)			
Yes*		No	
*If you answered "yes" to this question, go to Section III			
If not, please supply the name and relationship of the person for whom you are filing a complaint:			
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:

Yes No

Section III

I believe the discrimination I experienced was based on (circle all that apply):

Race	Color	National Origin	Sex	Age
Disability	Religion	Medical Condition	Marital Status	Sexual Orientation

Date of Alleged Discrimination (mm/dd/yyyy): / /

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) you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach a blank page to this form.

Section IV

Have you previously filed a Title VI complaint with the City of Pasadena?

Yes No

Section V

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

If yes, provide name of agency or court of all that apply:

Federal Agency		Federal Court	
State Agency		State Court	
Local Agency			

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

Name:		Title:	
Agency:		Telephone:	
Address: (Number, Street, Apt. City, State, ZIP)			

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

Signature and date below.

Signature

Date

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

Transit Manager/ Customer Relations
City of Pasadena Transit Division
221 E. Walnut St., Suite 199
Pasadena, CA 91101

For more information about our Title VI Notice to Beneficiaries, Investigation Process, and Title VI policies, please visit <http://www.pasadenatransit.net> or inquire in person at the address listed above during normal business hours.

If information is needed in another language, please call (626) 744-4055.

Si se necesita información en otro idioma, por favor llame al (626) 744-4055.

如果信息是需要用另一种语言，请致电 (626) 744-4055.

Եթե տեղեկատվությունը անհրաժեշտ է այլ լեզվով, խնդրում ենք զանգահարել (626) 744-4055.