

Attachment B

Lassen Transit Service Agency (Agency)
TITLE VI DISCRIMINATION COMPLAINT FORM
707 Nevada Street, Suite 4, Susanville, CA 96130

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 Agency employee(s) who allegedly discriminated against you, including their job titles (if known):

Identify what Agency 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: _____