

Appendix C: Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant's Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home/Cell): _____

Electronic Mail Address: _____

Telephone Number (Work): _____

Person or Entity that Discriminated (someone other than complainant):

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Which of the following best describes the reason you believe the discrimination took place:

Race: _____ Color : _____ National Origin: _____

Disability: _____

On what date(s) did the alleged discrimination take place? _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper)

List name(s) and contact information of person(s) who may have knowledge of the alleged discrimination:

Title VI Complaint Form (continued)

Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court? Check all that apply.

Federal Court _____ Federal Agency _____
State Court _____ State Agency _____
Local Agency _____

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

Name & Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

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

Complainant Signature _____ Date _____

Attachments: Yes _____ No _____

Submit form and any additional information to:

Umatilla County Transit Coordinator/Umatilla County Counsel
216 SE 4th Street
Pendleton, Oregon 97801
Phone:(541) 278-6252 or (541) 278-6208
Fax: (541) 278-5480