



## TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

If you believe the California High Speed Rail Authority has discriminated against you based on your race, color, national origin, sex, age, disability of low-income you may file a complaint. The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. You may contact the Title VI Coordinator at (916) 324-1541.

Complete and return this form to California High-Speed Rail Authority, Title VI Coordinator, 770 L Street, Suite 800, Sacramento, CA 95814.

1. Complainant's Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. City/State/Zip Code: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Person discriminated against (if other than complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of:

a. Race  d. Age  g. Low-Income

b. Color:  e. Sex

c. National Origin:  f. Disability

7. What date did the alleged discrimination take place? \_\_\_\_\_

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916 324-1541 or TTY 711 or write Title VI Coordinator, 770 L. Street, Suite 800, Sacramento, CA 95814.

## TITLE VI COMPLAINT FORM (CONT.)

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe to be responsible. Please use additional sheets of paper, if necessary.

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9. List any others who may have knowledge of this event:

Name	Address	City/State/Zip Code

10. Have you filed this complaint with any other federal or state government agency, or with any federal or state court? Yes:  No:

A. If yes, check each box that applies:

Federal Agency  Federal Court   
State Agency  State Court

B. Please provide a contact name at the agency/court where the complaint was filed:

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Please sign below:

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You may attach any written materials or other information that may be relevant to your complaint.**