



## TITLE VI COMPLAINT FORM

**Section I:**

**Name:**

**Address:**

<b>Telephone (Home/Cell):</b>	<b>Telephone (Work):</b>
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**Email:**

Do you require an accessible format?	Large Print		<b>Audio Tape</b>	
	TTY/TDD		<b>Other</b>	

**Section II:**

Are you filing this complaint on your own behalf? *	Yes	No
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\*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:

Have you obtained permission from this person?	Yes	No
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Please explain why you are filing for this person:

**Section III:**

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

Race     
  Color     
  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 use the back of this form.

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<b>Section IV</b>		
Have you previously filed a Title VI complaint with MST?	Yes	No
Contact name:	Telephone number:	
<b>Section V</b>		
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> Local Court: _____	
Please provide contact information for the person you spoke to at the above agency:		
<b>Name:</b>	<b>Title:</b>	
<b>Agency:</b>		
<b>Address:</b>		
<b>Telephone:</b>		

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Monterey-Salinas Transit (MST) operates without regard to race, color, or national origin.

If you need assistance completing this form, contact MST at 888-678-2871 (TTY/TDD 831-393-8911) or email [customerservice@mst.org](mailto:customerservice@mst.org).

*If information is needed in another language, contact 1-888-678-2871*

*Si necesita información en otro idioma, llame al 1-888-678-2871*



**Please submit this form in person or by mail to:**

Monterey-Salinas Transit  
 Attn: Compliance Analyst/Title VI Coordinator  
 19 Upper Ragsdale Dr., Suite 200  
 Monterey, CA 93940



## **Title VI Complaint Process**

In compliance with U.S. Department of Transportation Title VI regulations (49 CFR Part 21), Monterey-Salinas Transit (MST) operates without regard to race, color, or national origin. Any person who believes he or she has been discriminated against by MST on the basis of race, color, or national origin may file a Title VI complaint.

A Title VI complaint form can be downloaded at [www.mst.org](http://www.mst.org) or by calling 888-678-2871 (TTY/TDD 831-393-8911). If the complainant is unable to write a complaint, a representative may file on his or her behalf, or MST staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. MST will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by MST within 5 days of request\*.
2. MST will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of Title VI regulations.
3. MST will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified. A written investigation report will be prepared, including a summary description of the incident, investigative findings, and recommended corrective action.
4. A closing letter will be provided to the complainant. The complainant will have 5 business days from receipt of the closing letter to file an appeal. If no appeal is filed, the complaint will be closed.
5. MST will forward a copy of the investigation report to the appropriate federal agency, if required.

\*MST will process and investigate all complaints that meet the requirements of Title VI discrimination. If the complainant fails to provide required information within the required timeframe, the complaint may be closed.

**Complaint forms should be mailed to Monterey-Salinas Transit, Attn: Compliance Analyst/Title VI Coordinator, 19 Upper Ragsdale Dr., Suite 200, Monterey, CA 93940**

*Complaints may also be filed with the Federal Transit Administration, Office of Civil Rights, East Building, 5<sup>th</sup> Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590 or online at <http://www.fta.dot.gov/civilrights/12884.html>.*

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Si necesita información en otro idioma, por favor llame a 888-678-2871*

