United Cerebral Palsy Association of Central California, Inc. (UCPCC)

TITLE VI COMPLAINT FORM				
Section I: Please write legibly				
1. Name:				
2. Address:				
3. Telephone:	3.a. Secondary Ph	one (Optional):		
4. Email Address:	,			
5. Accessible Format	[] Large Print	[] Audio Tape		
Requirements?				
,	[]TDD	[] Other		
Section II:				
6. Are you filing this compla		YES* [] NO []		
*If you answered "yes" to #6, go to Section III.				
7. If you answered "no" to #6, what is the name of the person for whom you are filing				
this complaint? Name:				
8. What is your relationship with this individual:				
9. Please explain why you have filed for a third party:				
10. Please confirm that you have obtained permission of the YES [] NO []				
aggrieved party to file on their behalf.				
Section III:				
11. I believe the discrimination I experienced was based on (check all that apply):				
[] Race [] Color [] National Origin				
12. Date of alleged discrimination: (mm/dd/yyyyy)				
13. 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.				
ado the back of this form.				

Section IV:					
14. Have you previously filed a Title VI complaint with MBTA?	YES []	NO []			
Section V:					
15. Have you filed this complaint with any other Federal, S with any Federal or State court?	tate, or local ag	gency, or			
YES* NO					
If yes, check all that apply:					
[] Federal Agency [] State Agency	Federal Agency [] State Agency				
] Local Agency [] Federal Court					
16. If you answered "yes" to #15, provide information about	ıt a contact pers	son at the			
agency/court where the complaint was filed.					
Name:					
Title:					
Agency: Address:					
Telephone: ////////////////////////////////////					
Section VI:					
Name of Transit Agency complaint is against:					
Contact Person:					
Telephone:					
You may attach any written materials or other information that you think is relevant to your complaint.					
Signature and date are required below to complete form:					
SignatureD	ate				
Please submit this form in person or mail this form to the address below:					
UCP of Central California 2044 E Nees Ave Fresno, CA 93720					