



# Metro

## Civil Rights Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require 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. In addition to Title VI, Metro also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation.

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please let us know.

Complete and return this form to: Metro Customer Relations, Los Angeles County Metropolitan Transportation Authority, 1 Gateway Plaza, Los Angeles, CA 90012.

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

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

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

4 Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the 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 your:

a. Race

c. National Origin

e. Age

b. Color

d. Sex

f. Disability



# Metro

- g. Religion
- h. Medical Condition
- i. Marital Status
- j. Sexual Orientation

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

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

---



---



---



---

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes:  No:

If yes, check each box that applies:

- Federal agency
- Federal court
- State agency
- State court
- Local agency

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

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

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

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

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date