Complaint Form: English



Section I:				
Name:				
Address:				
Telephone (Home):		**Telephone (Work):**		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		**Audio Tape**	
	TDD		**Other**	
Section II:				
Are you filing this complaint on your own behalf?		Yes*		No
*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 complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes		No
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.				
_____				
_____				
_____				
Section IV				
Have you previously filed a Title VI complaint with this agency?		Yes		No
Section V				
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 all that apply:

[] Federal Agency: _____

[] Federal Court_____ [] State Agency _____

[ ] State Court_____ [ ] Local Agency _____

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

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature and date required below

_____ _____

Signature Date

Complaints may be submitted in person, by fax, by email at tickets@yarts.com, online at www.yarts.com, or mail this form to the address below:

Yosemite Area Regional
Transportation System
Attn: Transit Manager
369 West 18th Street
Merced, CA 95340
(209) 723-3153
(209) 723-0322 (fax)

FTA Office of Civil Rights
Attn: Title VI Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave.
SE Washington, DC 20590