



Title VI Complaint Form
Orange County Transportation Authority (OCTA)
Office of Civil Rights

Title VI of the Civil Rights Act of 1964 provides that "no person in the United States shall, on the grounds of race, color, nation of origin, age, sex, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance".

It is the policy of OCTA to employ its best efforts to ensure that all programs, services, activities, and benefits are implemented in a non-discrimination manner.

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, national origin, age, sex, or disability may file a written complaint within 180 days after the date of the alleged discrimination with OCTA, the FHWA or the state of California Department of Transportation (Caltrans). Further, OCTA prohibits intimidation, coercion, or engagement in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by Title VI.

Please provide the following information:

Your Name	Phone Number	
Street Address		
City	State	Zip Code
Person(s) discriminated against (if someone other than complainant)		
Street Address		
City	State	Zip Code

Date of Incident: _____

Which of the following best describes the reason for the alleged discrimination took place (circle one)

- | | |
|-----------------------------------------------|------------|
| Race | Age |
| Color | Sex |
| National Origin (Limited English Proficiency) | Disability |

If you are unable or incapable of providing a written statement, but wish the OCTA to investigate alleged discrimination; a verbal complaint of discrimination may be made. Please contact **714/636-RIDE** and speak with a Customer Relations Representative. The complainant will be interviewed by an appropriate official authorized to receive complaints. If necessary, the official will assist you in

converting verbal complaints to writing. Translation services will be provided to all complainants, as necessary. All complaints must, however, be signed by the complainant or his/her representative.

Please describe the alleged discrimination incident. Provide the names and title of all OCTA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Please mail your complaint form directly to OCTA to the following address:

Maggie McJilton, Executive Director, HROD
OCTA Office of Civil Rights
600 South Main Street
Orange, CA 92863

Have you filed a complaint with any other federal, state or local agency? (Circle one) Yes/No

Agency	Contact Person
Street Address, City, State, Zip Code	
Agency	Contact Person
Street Address, City, State, Zip Code	

Listed below are the state and federal addresses if you wish to file a Title VI complaint directly with one or both of these agencies.

State Office

California Department of Transportation
Caltrans
Discrimination Complaint Investigation Unit
1823 14th Street, MS 79
Sacramento, CA 95814

Federal Office

FHWA Headquarters
Office of Civil Rights
1200 New Jersey Avenue, SE (HCR-40)
Washington, DC 20590

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date