



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 or nation of 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."

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-discriminatory 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, or national origin may file a written complaint within 180 days from the date of the alleged discrimination with OCTA, the Federal Transit Administration (FTA), or the Secretary of Transportation. 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 the alleged discrimination took place (circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

If you are unable or incapable of providing a written statement, but wish 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 name(s) and job title(s) 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
 People and Community Engagement
 OCTA Office of Civil Rights
 550 South Main Street
 Orange, CA 92863

Have you filed a complaint with any other federal, state, or local agency? (Circle one) Yes/No
 If you answered yes, please provide the following information for each agency a complaint was submitted to:

Agency	Contact Person	
Street Address		
City	State	ZIP Code
Agency	Contact Person	
Street Address		
City	State	ZIP Code

If you wish to file a Title VI complaint directly with the FTA, you may submit your complaint to the following address:

Federal Office

Federal Transit Administration
 Office of Civil Rights
 Title VI Program Coordinator
 East Building 5th Floor – TCR
 1200 New Jersey Avenue, SE
 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