

**Santa Ynez Valley Transit**  
**Title VI Complaint Form Page 1 of 2**

**Please print clearly or type responses**

**Section 1**

1. Name
2. Address
3. Phone Number: (        )
4. Email
5. Do you require information in an accessible format?  
 Large Print             Audio (Audio tape/disc)             TDD  
 Other  
*specify:*

**Section 2**

6. Are you filing this complaint on your own behalf?             Yes\*     No  
**\*If you answered Yes please skip to Section 3.**
7. What is the name of the person for whom you are filing this complaint?  
Name:
8. What is your relationship with this person?  
Relationship:
9. Please explain why you have filed for a third party:
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.  
 **I HAVE** obtained permission to file this complaint on behalf of the person named in Question 7a.  
 **I HAVE NOT** obtained permission to file this complaint on behalf of the person named in Question 7a.

**Section 3**

11. I believe the discrimination I experienced was based on (*check all which apply*)  
 Race                     Color                     National Origin
12. Date of alleged discrimination (*mm/dd/yyyy*)            \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
13. Please explain as clearly as possible what occurred and why you believe you were discriminated against. Describe all persons who were involved and provide contact information of the person(s) if available/known. Please also provide the names and contact information of any witnesses involved. If additional space is needed, please use the back of this form or attach pages as necessary.

**Santa Ynez Valley Transit  
Title VI Complaint Form Page 2 of 2**

**Section 4**

14. Have you previously filed a Title VI complaint with SYVT?                     Yes     No

15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
 Yes                     No\*    \*If No, please skip to Section 5.

15.a        If Yes, Please indicate where you have filed this complaint:

Federal Agency    specify:

State Agency        specify:

Local Agency        specify:

Federal Court        specify:

State Court:         specify:

15b.        Please provide contact information for the agency and/or court where this complaint was filed.

Name:

Title:

Agency:

Address:

Phone Number: (        )

Email:

**Section 5**

Please indicate who you are filing this complaint against:

SYVT     City of Solvang     Other agency and/or person  
specify:

**You may attach any written materials or other information which you believe is relevant to your complaint.**

**Signature and date are required below to complete the form.**

**Signature** \_\_\_\_\_                    **Date**        \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please submit this completed form in person or by mail to the address below:

SYVT Title VI Program Administrator  
1644 Oak Street  
Solvang, CA 93463