



## **Title VI Policy**

**Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the grounds 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.”**

**The City of Atascadero respects civil rights and operates its programs and services without regard to race, color or national origin. The City is committed to complying with Title VI requirements in all of its programs and services. For more information on the Title VI transit obligations, contact the City as listed below.**

## **Making a Title VI Complaint**

**Any person who believes he/she has been subjected to discrimination in the delivery of or access to public transportation services on the basis of race, color, or national origin, may file a complaint with Atascadero Transit. Such complaint must be filed in writing with Atascadero Transit no later than 30 days after the alleged discrimination. For information on how to file a complaint, use the form below or contact Atascadero Transit at:**

**Dawn Patterson, Title VI Coordinator  
City of Atascadero  
6500 Palma Avenue  
Atascadero, CA 93422  
(805) 470-3180  
DPatterson@atascadero.org**



### TITLE VI COMPLAINT FORM – ATASCADERO TRANSIT

Title VI of the 1964 Civil Rights Act requires 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.” If you feel you have been discriminated against in the City of Atascadero services, please provide the following information in order to assist us in processing your complaint:

Please print clearly:

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

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

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

Telephone Number: \_\_\_\_\_(home) \_\_\_\_\_(cell) \_\_\_\_\_(work)

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

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

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

Please indicate why you believe the discrimination occurred:

- \_\_\_\_\_ Race
- \_\_\_\_\_ Color
- \_\_\_\_\_ National Origin

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please explain as clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any and all witnesses' names and phone numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Have you previously filed a Title VI complaint with this agency?

Yes  No

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 Court

State Agency

Local Agency

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

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Please attach any documents you have which support your complaint. Then date and sign this form and send to the Title VI Coordinator at:

Dawn Patterson, Title VI Coordinator  
City of Atascadero  
6500 Palma Avenue  
Atascadero, CA 93422

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name