Appendix B: Title VI Complaint Form (English & Spanish)

HOOD RIVER COUNTY TRANSPORTATION DISTRICT Title VI Complaint Form

Section I						
Name:						
Address:						
Telephone (Home):	Telephone (Work):					
E-Mail Address:						
Accessible Format Requirements?	☐ Print	☐ Audio Tape	□ πγ	☐ Other		
Section II						
Are you filing this complaint on your own behalf?			□ Yes*	□ No		
Please confirm that you have obtained the permission behalf of a third party.			n of the aggrie □ Yes	eved party if yo □ No	u are filing	
*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:						
Caretan III						
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 on the back of this page. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List name(s) and contact information of any witnesses. If more space is needed, please attach additional pages.

Section IV						
Have you previously filed a Title VI complaint with this agency?	Yes	No				
Section V						
Have you filed this complaint with any federal or state court?	other federal, state, Yes	or local agency, or with any No				
If yes, check all that apply and enter name of agency or court: Federal State Local						
Please provide information about a contact person at the agency or court where the complaint was filed. Name: Title: Agency: Address: Telephone:						
Section VI						
Name of agency complaint is against: Contact person: Title: Telephone:						
Please attach any written materials or other information that you think is relevant to your complaint.						
Signature and date require below.						
Signature	Date	;				
Please submit this form by fax, email or phone:						
Phone: (541) 386-4202 Fax: (541) 386-1228 Email: CAT1@gorge.net Mail: Hood River County Transportation						

HRCTD Title VI & LEP Plan

P. O. Box 1147

Hood River, Oregon 97031