

## TITLE VI/ADA/UNRUH DISCRIMINATION COMPLAINT FORM

To request this information in an alternative format, please contact NCTD Customer Service at (760) 966-6500. Individuals with hearing impairment should call 711 for the California Relay Service.

SECTION I - Complainant Infor	mation					
Complainant Name:			Filing Date:			
Street Address:			City, State, & Zip Code:			
Telephone:		Email Address:				
SECTION II – Third Party Comp	laints					
Are you filing this complaint or	n behalf of a third par	rty? 🗌 Yes	□ No - Procee	ed to Section	n III	
If "Yes", please supply the nam	ne/relationship of the	e person for wh	nom you are comp	olaining:		
Reason for filing for a third par	ty:					
Have you obtained permission to file on behalf of the third party?				□ Yes	□ No	
SECTION III – Basis/Bases for C	Complaint					
Title VI Complaint Arising Und	er 49 CFR Part 21:					
Discrimination based on Title VI (select all that apply):						
□ Race	☐ Color ☐ National Origin					
Rehabilitation Act of 1973:  Discrimination based on ADA (  Disability  Unruh Complaints arise pursu  Discrimination based on Unruh  Sex  Race  Color  Religion  Age	☐ ADA A ant to California Gov n (select all that apply ☐ Nation ☐ Disabi ☐ Medic ☐ Genet	Accessibility vernment Code v/): nal Origin		Marital Sta Ancestry Citizenship Primary La Immigratio	) nguage	
SECTION IV – Other Complaint	is					
Have you previously filed a Titl	e VI, ADA, or Unruh o	complaint with	NCTD? 🗆 Y	es	□ No	
If you have filed this complaint please complete the following	•	ate, or local ag	ency, or with any	Federal or S	tate Court,	
Agency/Court:	С	Contact Name/Title:				
Address:	T	elephone:				
SECTION V – Factual Backgrou						
Date/Time of Alleged Discriming	•					
Name/Title/Description of Res	pondent(s) (i.e., the i	individual(s) w	ho the complaint i	is against):		
Location of Incident:						

SECTION VI – Factual Backgro	ound Continued			
Bus/Train #:	Route #:	Destination/Direction:		
Boarding Location:		De-Boarding Location:		
Describe the alleged discriming	natory incident(s) (date	es/times/what happened/witnesses/etc.). You may attach		
additional pages, with your da				
SECTION VII – Proposed Rem	edy			
What remedy do you feel ma	y resolve this matter?			
I affirm that I have read the above	e charge and that it is tru	ue to the best of my knowledge, information and belief.		
Complainant's Signature		Date		
Complainant's Drinted Name		NCTD OFFICE USE ONLY		
Complainant's Printed Name		Date Received:		
Please submit this form in person	or by mail to:	Received By:		
North County Transit District	5. 5 <sub>1</sub> man to:			
Civil Rights Officer				
810 Mission Avenue				

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Oceanside, CA 92054