### Metropolitan Transportation Commission (MTC) Title VI Complaint Form

**Complaints must be filed within 180 days of the alleged act of discrimination.**

<table>
<thead>
<tr>
<th>Section I:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>Electronic Mail Address:</td>
</tr>
<tr>
<td>Accessible Format Requirements?</td>
</tr>
<tr>
<td>Check all that apply.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you filing this complaint on your own behalf?</td>
</tr>
</tbody>
</table>

*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 filing this complaint:

Please explain why you are filing for this person:

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Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.  

| Yes | No |

<table>
<thead>
<tr>
<th>Section III</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe the discrimination I experienced was based on (check all that apply):</td>
</tr>
</tbody>
</table>

Date of Alleged Discrimination (Month, Day, Year):  

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Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.

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

Yes
No

Section V
Have you filed a 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 Agency
Local Agency
State Court

You may attach any written materials or other information that you think is relevant to your complaint.

Please sign here:

Date:

Note - MTC cannot accept your complaint without a signature.

Please mail your completed form to:
Metropolitan Transportation Commission
Deputy Executive Director, Operations
Bay Area Metro Center
375 Beale Street, Suite 800
San Francisco, CA 94105
Fax (415) 536-9800
Email afremier@bayareametro.gov

If information is needed in another language, contact (415) 778.6757 or (415) 778.6769 for TDD/TTY.

If需要透過其他語言查詢資訊，請致電 (415)778.6757 或TDD/TTY電話 (415)778.6769。

Si necesita información en otro idioma, llame al (415) 778.6757 o al (415) 778.6769 para servicio de TDD/TTY.