

# ATTACHMENT 1



**Arcadia Transit**

**City of Arcadia**

240 West Huntington Drive

Arcadia, CA 91007

(626) 574-5435 | [ArcadiaTransit@ArcadiaCA.gov](mailto:ArcadiaTransit@ArcadiaCA.gov)

## Nondiscrimination Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that *no person in the United States shall, on the ground of race, color, 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.*

As a recipient of federal financial assistance, the City of Arcadia operates Arcadia Transit services without regard to race, color, and national origin. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City of Arcadia.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to:      Transportation Services Manager  
City of Arcadia  
240 West Huntington Drive  
Post Office Box 60021  
Arcadia, CA 91066-6021

1. Complainant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (home) \_\_\_\_\_ (business) \_\_\_\_\_
2. Person discriminated against (if someone other than the complainant)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Which of the following best describes the reason you believe the discrimination took place?  
Was it because of your:  

|   |                                 |  |
|---|---------------------------------|--|
| a. Race/Color <input type="checkbox"/>      | c. Sex <input type="checkbox"/> | e. Disability <input type="checkbox"/> |
| b. National Origin <input type="checkbox"/> | d. Age <input type="checkbox"/> |  |
4. What date did the alleged discrimination take place? \_\_\_\_\_



**Arcadia Transit**



5. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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6. Have you filed this complaint with any other agencies and/or courts? Yes  No

If yes, check each box that applies:

Federal agency

Federal court

State agency

State court

Other  \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

