

Tulare InterModal Express Title VI Complaint Form



The City of Tulare is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color, or national origin. Any person who believes they have been discriminated against based on one of these categories may file a complaint. Complaints must be filed within 180 calendar days of the incident.

Within 10 working days of receipt of your completed complaint form, the City of Tulare will contact you to confirm receipt of your complaint form and begin an investigation (unless the complaint has been filed with an external entity first of simultaneously). The investigation may include discussion(s) of the complaint with all affected parties to determine the nature of the problem. The investigation generally will be conducted and completed within 60 days of receipt of a complete complaint form. Based on all information received, an investigation report will be submitted to the Director of Finance. The complainant will receive a letter stating the City of Tulare's final decision by the end of the 60-day time period.

Please complete the form below and send to:

City of Tulare, Transit Division
411 E. Kern Ave.
Tulare, CA 93274

Section 1: Contact Information

Name:

Address:

City:

State:

Zip:

Phone (Home):

Phone (Cell):

Please note if any of the phone numbers are for TDD or TTY

Email:

Section 2: Filing for Another Person

Are you filing this complaint on your own behalf?

Yes

No

If you answered yes, go to section 3

If not, please supply the name and relationship of the person for whom you are filing the complaint:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party

Yes No

Section 3: Discrimination Complaint

Which of the following describes the reason you believe the discrimination took place? Was it because of your:

Race Color National Origin

Please describe the race, color, or national origin of the aggravated party:

Date and Time of the alleged discrimination (Month, day, year):

Where did the discrimination take place? Specific information is helpful (e.g. route or vehicle number)

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 names and contact information of any witnesses. Attach additional paper if necessary.

Section 4: Previous or Existing Complaints

Have you previously filed a complaint with the City of Tulare?

Yes, for this incident Yes, for a different incident No

Have you filed this complaint with any other agencies or a court?

Yes No

If yes, please check all that apply:

- Federal Agency
- Federal Court
- State Court
- State Agency
- Local Agency

Please provide contact person information for the agency/court where the complaint was filed:

Name/Office:

Address:

City: State: Zip Code:

Phone number:

Section 5: Signature

Please sign below to attest to the truthfulness of the above. You may attach any written materials or other information that you think is relevant to your complaint.

Signature Date