Folsom Stage Line
Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or 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.”

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:

City of Folsom
Transit Division
50 Natoma Street
Folsom, CA 95630
Fax to: 916 355-8362
Email: mmauk@folsom.ca.us

1. Complainant’s Name: ____________________________________________

2. Address: ______________________________________________________

3. City: ______________ State: _______ Zip Code: _______

4. Telephone Number (home): __________ (business): ______________

5. Person discriminated against (if someone other than the complainant):

   Name: ______________________________________________________
   Address: __________________________________________________
   City: ______________ State: _______ Zip Code: __________

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:
   a. Race/Color: __________
   b. National Origin: ______

7. What date did the alleged discrimination take place? ____________
8. In your own words, 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.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: _______ No: _______

If yes, check each box that applies: ________________________________
  Federal agency: _______
  Federal court: _______
  State agency: _______
  State court: _______
  Local agency: _______

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

Name: ______________________________________________________
Address: ____________________________________________________
City: __________ State: ________ Zip Code: ______________________
Telephone Number: ___________________________________________

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

___________________________ ______________________________
Complainant’s Signature Date

If you have any questions or need assistance filling out this form, please contact the Transit Division at (916) 355-8395 and/or mmauk@folsom.ca.us.

Revised May 25, 2017