

# Tri-County Metropolitan Transportation District of Oregon (TriMet)

1800 SW 1<sup>st</sup> Ave., Suite 300  
Portland, OR 97201

503.962.2217  
trimet.org

## 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 or need information in alternative formats, please let us know.

Complete and return this form to TriMet, Director of Diversity and Transit Equity, 1800 SW 1<sup>st</sup> Ave., Suite 300, Portland, OR 97201.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_  
Electronic Mail Address: \_\_\_\_\_

5. Are you filing this complaint on your own behalf? \_\_\_\_\_. If not, please supply the name and relationship of the person for whom you are complaining:

\_\_\_\_\_  
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. \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your (check any box that applies):

a. Race:

b. Color:

c. National Origin:

7. What date did the alleged discrimination take place? \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

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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