



Downtown Ventura Partners
P.O. Box 1414
Ventura, CA 93002

Title VI 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, 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, Downtown Ventura Partners operates the Downtown Ventura-Harbor Trolley 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 Downtown Ventura Partners.

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: Operations Manager
Steve Caramihai
P.O. Box 1414
Ventura, CA 93002

1. Complainant's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Cell _____

2. Person discriminated against (If someone other than the complainant)

Name _____

Address _____

City _____ State _____ Zip Code _____



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

- a. Race/Color
- b. Sex
- c. Age
- c. National Origin
- d. Disability

4. What date did the alleged discrimination take place? _____

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

6. Have you filed this complaint with any other agencies and/or courts? Yes No
If yes, please circle each 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 _____ Cell _____

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

Complainant's Signature

Date