

**Golden Empire Transit District
Title VI and ADA Complaint Form**



Electronic Report # _____

Name: _____

Home Street: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

E-Mail Address: _____

Person Discriminated Against (If other than complainant): _____

Home Street: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Specific Basis of Discrimination (Check all that apply): Race Color National Origin Disability

Mobility Aid (if one is used): _____

Date of Alleged Discrimination: Month: _____ Day: _____ Year: _____

Describe why you believe you were discriminated against. What happened and who was responsible?
If more space is needed, please use the back of this form.

Have you filed this complaint with any other federal, state, or local agency or with a federal or state court?

Yes No

If yes, check all that apply:

Federal Agency Federal Court State Agency

State Court Local Agency

Provide contact person information for the additional agency or court :

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Sign in the space below. Attach any supporting documents.

Signature: _____ Date: _____

Please submit signed complaint form to:

Golden Empire Transit District
ATTN: Chief Executive Officer
1830 Golden State Avenue
Bakersfield, CA 93301
TEL: 661-324-9874