

## Title VI Complaint Form Worksheet

Tell us how to contact you:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Best time to call (if additional information is needed): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

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Were you discriminated against because of:

Race     National Origin     Color

Other \_\_\_\_\_

Please explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include as much detail as possible, including names and contact information of witnesses.

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(use back if more space is needed for explanation)

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

- Federal Agency
- State Agency
- Local Agency

If you have filed a complaint, please provide information about a contact person at the agency where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form may be taken to the Customer Service Office at the Cherriots Downtown Transit Center, or it may be brought or mailed to the Cherriots Administrative Office at:

Title VI Officer

Cherriots

555 Court St. NE, Suite 5230

Salem, OR 97301