

ATTACHMENT C



**MODOC TRANSPORTATION AGENCY
TITLE VI DISCRIMINATION COMPLAINT FORM
108 S. Main St., Alturas, CA 96101**

Complainant's Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ E-mail Address: _____
Date of Violation: _____ Time of Violation: _____
Date of Complaint: _____ Place of Violation: _____
Bus Number: _____ Bus Route: _____

Discrimination because of:

Race Color National Origin

Please provide the names(s) of the MTA/Sage Stage employee(s) who allegedly discriminated against you, including their job titles (if known). _____

Identify what MTA/Sage Stage service, program, or activity did not comply with Title VI of the Civil Rights Act of 1964. _____

Identify individuals by name, address and phone number that has information relating to the violation. _____

Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other individuals were treated differently from you. _____

Signature of Complainant: _____

Date: _____