

**ATTACHMENT D  
Title VI Complaint Form**

*Note: The following information is needed to assist in processing your complaint.*

**Complainant's Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_

**Person Discriminated Against (someone other than complainant):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_

**Which of the following best describes the reason you believe the discrimination took place:**

Race/Color (Specify): \_\_\_\_\_ National Origin (Specify): \_\_\_\_\_  
Gender/Age (Specify): \_\_\_\_\_ Disability: \_\_\_\_\_

**On what date(s) did the alleged discrimination take place:** \_\_\_\_\_

*Describe the alleged discrimination. Explain what happened and whom you believe was responsible (if additional space is needed, add a sheet of paper):*

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**Title VI Complaint Form (cont.)**

*List names and contact information of persons who may have knowledge of the alleged discrimination:*

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*Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court? Check all that apply.*

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_  
State Agency \_\_\_\_\_ State Court \_\_\_\_\_  
Local Agency \_\_\_\_\_

*Please provide information about contact person at the agency/court where the complaint was filed.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_

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

\_\_\_\_\_  
Complainant Signature Date

**Attachments:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Submit form and any additional information to:**

Cascades East Transit/COIC  
Title VI Compliance Manager  
1250 NE Bear Creek Road  
Bend, OR 97701  
Phone: (541) 548-9543  
Fax: (541) 923-3416