

Mountain Shadows Support Group Complaint Form

Mountain Shadows Support Group Transportation Title VI Complaint Form

Section I: Please write legibly		
1. Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone 1 (Optional):	
4. Email Address:		
Section II:		
5. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #5, go to Section III.		
6. If you answered "no" to #5, what is the name of the person for whom you are filing the complaint? Name:		
7. What is your relationship with this individual:		
8. Please explain why you have filed for a third party:		
9. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
Section III:		
10. I believe the discrimination I experienced was based on (check all that apply): [] Race [] Color [] National Origin		
11. Date of alleged discrimination: (mm/dd/yy)		
12. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

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Section IV:		
13. Have you previously filed a Title VI complaint with MSSG?	YES	NO
Section V:		
14. Have you ever filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____		
15. If you answered "yes" to #14, provide information about a contact person at the agency/ court where the complaint was filed.		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
Telephone: _____		
Section VI:		
Name of who complaint is against: _____		
Contact Person: _____		
Telephone: _____		

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

Signature and date are required below to complete form:

Signature: _____

Date: _____

Please submit this form in person or mail this form to the address below:

MSSG Title VI Program Administrator
 970 Los Vallecitos Blvd., Suite 240
 San Marcos, CA 92069