

Civil Rights Complaint Form (Title VI and ADA)



Golden Gate Bridge, Highway and Transportation District

If information is needed in another language, contact 415-455-2000

Si necesita información en otro idioma, llame a 415-455-2000

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin or solely by reason of his or her disability by the Golden Gate Bridge, Highway and Transportation District, including Golden Gate Transit and Golden Gate Ferry, (hereinafter referred to as “the District”) may file a Civil Rights Complaint by completing and submitting the District’s Civil Rights Complaint Form. The District investigates complaints received no more than 180 days after an alleged incident.

Once it receives a Civil Rights Complaint Form, the District will open an investigation into the alleged discrimination. The investigation may include a review of all relevant documents, practices and procedures as well as discussions of the complaint with all affected parties to determine the nature of the problem. The District will investigate complaints within (60) days. If more information is needed to resolve the case, the District may contact the complainant. The complainant must provide additional requested information within fifteen (15) business days of the date of receipt of a request for additional information. If the investigator is not contacted by the complainant or does not receive the additional information within fifteen (15) business days, the District can close the case administratively. A case also can be closed administratively if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter **or** a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and information obtained through the investigation of the alleged discrimination, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he can appeal directly to the United States Department of Transportation, FTA Office of Civil Rights. A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If the complainant is unable to write because of a disability and needs assistance in completing the form, GGBHTD staff will assist by scribing the complaint by phone. If requested by complainant, GGBHTD will provide a language or sign interpreter or other accessible format. Please call or email Jon Gaffney (415) 257-4416. Email: jgaffney@goldengate.org to request assistance.

The following information is necessary to assist us in processing your complaint. The completed form must be returned to: **Golden Gate Transit EEO Office**, 1011 Andersen Drive, San Rafael, CA 94901-5318 or by email at TitleVIComplaints@goldengate.org. You may also file a complaint by phone by dialing 415-455-2000.

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Golden Gate Bridge, Highway and Transportation District



Section 1: Contact Information			
Name:			
Address:			
Primary Telephone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>
Secondary Telephone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>
Email Address:			
Section 2: Filing on Behalf of Others			
Are you filing this complaint on your own behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you answered "yes" to this question, go to Section 3.			
If not, please supply the name and relationship of the person for whom you are filing this complaint:		Name:	
		Relationship:	
Please explain why you are filing for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Section 3: Complaint			
I believe the discrimination I experienced was based on (check all that apply):			
Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/>			
Other <input type="checkbox"/> please describe:			
Service: Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Bridge <input type="checkbox"/> Administrative <input type="checkbox"/> Paratransit <input type="checkbox"/>			
Date of alleged discrimination (Month, Day, Year): <small>Click or tap to enter a date.</small>			
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 the names and contact information of any witnesses. Please provide the route, vehicle/vessel number, time of day and direction of travel, if you have them, as they can be very helpful during an investigation. If more space is needed, please use the back of the form.			

Section 4: Previous Complaints

Have you previously filed a Title VI complaint with this agency? Yes No

Section 5

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?
Yes No

If yes, check all that apply:

<input type="checkbox"/> Federal Agency Name of Agency:	<input type="checkbox"/> State Agency: Name of Agency:
<input type="checkbox"/> Federal Court: Name of Court:	<input type="checkbox"/> State Court: Name of Court:
<input type="checkbox"/> Local Agency: Name of Agency:	

Please provide information about a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Address:

Telephone:

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

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief:

Signature

Date

For Office Use Only:

Date Received By GGBHTD:	
Type of Complaint	Title VI <input type="checkbox"/> ADA <input type="checkbox"/> Other <input type="checkbox"/>