Jefferson Transit Title VI Complaint Form

Name:				
Address:	City:	State:	Zip:	
Phone Numbers: (Home)		(Work)		
Email Address:				
Were you discriminated against becann to the cannot be cannot becann because becann becann becann becann becann becann becann becann because becann because becaus	Color			
Are you filing this complaint on your If you answered "no", please s are complaining:	upply the name and rel	ationship of the pe	•	
Have you filed this complaint with ar Federal agency Federal Local Agency Dther	Court State Ager	ncy 🗌 State Cou		
Have you filed a lawsuit regarding th	is complaint? Yes	No 🗌		
Please provide information the conta	act person at the agenc	y/court where the	complaint was filed	
Contact person:		Title:		
Telephone number or Email:				
Date of Alleged Incident:				

Please explain what happened and how you were discriminated against. You should include specific details such as names, dates, times, route numbers, witnesses, and any information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. Attach additional page(s) if necessary.	
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Signature: Date:	
Please send your completed form to: Jefferson Transit, Title VI Complaint, 63 4 Corners Rd, Port Townsend, WA 98368	
or Email to:	
custserv@jeffersontransit.com	