

Placer County Transportation Planning Agency Title VI Complaint Form

Placer County Transportation Planning Agency (PCTPA) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, sex, disability, sexual orientation, and/or age, pursuant to Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints may be filed for any alleged discrimination by PCTPA using this form or can be submitted directly to the California Department of Transportation (Caltrans) and/or the Federal Highway Administration (FHWA).

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact PCTPA's Title VI Coordinator at (530) 823-4029. Completed forms must be submitted to PCTPA's office or can be submitted via e-mail at the following location:

Placer County Transportation Planning Agency Attn: Title VI Coordinator 299 Nevada Street, Auburn CA 95603 E-mail: mcosta@pctpa.net

Phone:

Alt Phone:

If you need translation services for languages other than English, please call 530.823.4030 for assistance. Spanish: Si necesita servicios de traducción para otro lenguaje, aparte de Ingles, Por favor llamar al 530.823.4030 para asistencia. Tagalog: Kung nangangailangan po ng tulong o interpretasyon sa ibang wika liban sa inglés, tumawag lang po sa 530.823.4030.

Your Name:

Street Address:

Date of Incident: __

		City, St	ate & Zip Code:		
	erson(s) discriminated against (if someone ame(s):	other th	an complainant):		
Street Address, City, State and Zip Code:					
Which of the following best describes the reason the alleged discrimination took place? (Circle one or all that apply)					
•	Race	•	Disability		
•	Color	•	Sexual Orientation		
•	National Origin (Limited English Proficien	ncy) •	Age		
•	Sex	•	Other:		



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employees, contractors, and/or consultants involved, if available. Explain what happened and whom you believe was responsible.				
Please attach additional sheets if 1	necessary.			
Have you filed a complaint with any other federal, state or local agencies regarding this incident? (Circle one)				
Yes or No				
If so, list agency/agencies and con	tact information below:			
Agency		Contact Name		
Street Address, City, State & Zip Co	ode	Phone		
Agency		Contact Name		
Street Address, City, State & Zip Co	ode	Phone		
PCTPA will log your Title VI comp complaint to Caltrans, which is complaint and/or forwarding it and/or corrective action determine by PCTPA, as directed, included in complaints and response records	responsible for reviewing to the FHWA for further ned by either Caltrans and/on the record, and provided	and processing the Title VI administration. Any response or the FHWA will be addressed to the complainant. All Title VI		
I affirm that I have read the above information, and belief.	ve charge and that it is true	to the best of my knowledge,		
Complainant's Signature	Printed Name	Date		