Peninsula Traffic Congestion Relief Alliance
Title VI/Nondiscrimination Complaint

The Peninsula Traffic Congestion Relief Alliance ("Alliance") 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, income, age, gender, or disability, as provided by Title VI of the Civil Rights Act of 1964, as amended, and related laws, regulations, and executive orders. Title VI complaints must be filed within 180 calendar days of the date of the alleged discrimination.

Complainant:
Name: __________________________________________________________
Address: _________________________________________________________
City, state, zip code: ______________________________________________
Telephone number: _________________ (work) _________________ (cell) _________________ (home)

Person allegedly discriminated against (if someone other than Complainant):
Name: __________________________________________________________
Address: _________________________________________________________
City, state, zip code: ______________________________________________
Telephone number: _________________ (work) _________________ (cell) _________________ (home)

Please indicate why you believe the alleged discrimination occurred:
□Race  □Color  □National origin  □Gender  □Age  □Disability  □Income

What was the date of the alleged discrimination? ______________________

Where did the alleged discrimination take place? ______________________

Please describe the circumstances of the alleged discrimination:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (federal, state, or local)? If so, please name the agencies:
____________________________________________________________________
Please list any and all witnesses’ names and phone numbers:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

What remedy are you requesting? Please be specific:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

As a complainant, I understand that the Alliance may need to disclose my name during the course of the complaint review process to persons other than those conducting the review, in order for the review to be thorough. I am also aware of the obligation of the Alliance to honor requests under the Freedom of Information Act: I understand that it may be necessary for the Alliance to disclose information, including personally identifying details, which it has gathered as part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by Alliance policies and practices from intimidation or retaliation in response to my having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations that are enforced by the Alliance.

Please check one of the boxes below to give your consent to the Alliance's use of information concerning you and/or your complaint as described in the preceding statement:

☐ I GIVE CONSENT   ☐ I DENY CONSENT

Please attach any documents which support the allegation. Then sign and date this form and send all materials to the Title VI Specialist at:

Attn: Title VI Specialist
Peninsula Traffice Congestion Relief Alliance
1150 Bayhill Drive, Suite 107
San Bruno, CA  94066
650-588-8170

Signature: ___________________________ Date: ___________________________