



SUNRAIL TITLE VI / NONDISCRIMINATION COMPLAINT FORM

Complainant(s) Name: Complainant(s) Address:

Complainant(s) Phone Number: Complainant(s) Email Address:

Complainant's Representative's Name, Address, Phone Number, Email, and Relationship (e.g. friend, attorney, parent, etc.):

Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:

Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
If Yes, check all that apply:
Federal Agency, Federal Court, State Court, State Agency, Local Agency

Discrimination Because of: Race, Color, National Origin, Sex, Age, Handicap/Disability, Income Status, Retaliation, Other. Date of Alleged Discrimination:

Please list the name(s) and phone number(s) of any person, if known, that SunRail could contact for additional information to support or clarify your allegation(s).

Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.

Complainant(s) or Complainant(s) Representatives Signature: Date of Signature:

Please submit this form to either person listed below, or email this form to:
Stefan Kulakowski-State Title VI Coordinator
Roger Masten-SunRail Title VI Coordinator