



Mobility Management Partners  
4036 Adolfo Road Camarillo CA 93010  
Phone: (888) 667-7003 www.mobilitymp.org

### Civil Rights Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Mobility Management Partners (MMP) also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation.

In addition to utilizing the Civil Rights complaint process through MMP, a Complainant may file a Title VI complaint concerning race, color or national origin discrimination with the Federal Transit Administration (FTA), Office of Civil Rights, Region IX, 201 Mission Street, Suite 1650, San Francisco, California 94105-1839. A Complainant may file an Americans with Disabilities Act (ADA) complaint with the FTA, Director, FTA Office of Civil Rights, East Building – 5<sup>th</sup> Floor, TCR, 1200 New Jersey Ave., SE, Washington, DC 20590. Complainants may also contact the FTA ADA Assistance Line, 1-888-446-4511 (Voice) or through the Federal Information Relay Service, 1-800-877-8339 or by electronic mail at:

[FTA.ADAAssistance@dot.gov](mailto:FTA.ADAAssistance@dot.gov).

The FTA ADA Complaint form is available at:

[http://www.fta.dot.gov/civilrights/12875\\_14816.html](http://www.fta.dot.gov/civilrights/12875_14816.html).

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please let us know.

Complete and return this form to:

Title IV Compliance  
Mobility Management Partners  
4036 Adolfo Road  
Camarillo, CA 93010

1. Complainant’s Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the Complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- Race                       Color                       National Origin                       Sex
- Age                       Disability                       Religion                       Medical Condition
- Marital Status                       Sexual Orientation

7. What date did the alleged discrimination take place? \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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9. 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 each box that applies:

- Federal agency                       Federal court                       State agency
- State court                       Local agency

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date