

DISCRIMINATION COMPLAINT FORM

CTC-0001 (REV 08/2021)

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Section I - Applicability

Name:	Electronic Mail Address:
Phone Number (Include Area Code):	Work Phone Number (Include Area Code):
Address:	City, State, Zip:

Accessible Format Requirements: Large Print TDD Audio Tape OtherAre you filing this complaint on your own behalf? Yes (Go to Section II) NoIf not, please supply the name and relationship
of the person for whom you are complaining:**Briefly and clearly explain why you have filed for a third party.****Section II - Discrimination Because of:**

Title VI: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	Other: <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation <input type="checkbox"/> Other
Name and Position of Person(s) That Discriminated Against You:	Location Including City, State, Zip:

Explain as briefly and clearly as possible what happened, and how you were discriminated against. Include date of alleged discrimination (Month, Day, Year). Indicate all persons who were involved. Be sure to describe how other persons were treated differently than you. Attach any written material pertaining to your case.

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the CTC at (916) 654-4245, or write to CTC, 1120 N Street, MS-52, Sacramento, CA 95814.

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The laws prohibit retaliation against anyone because he/she has taken action, or participated in an action, to secure rights protected by these laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain briefly and clearly the circumstances below. Please explain what actions you took which you believe were the basis for the allegation of retaliation.

What remedy or action, do you seek for the alleged discrimination?

Have you previously filed a complaint with this agency? Yes No

Have you filed, or intend to file, a charge or complaint with the following?

U.S. Equal Employment Opportunity Commission

Federal Highway Administration/U.S. Department of Transportation

Federal or State Court

Federal Transit Administration/U.S. Department of Transportation

Department of Fair Employment and Housing

California Fair Employment and Housing State Department

If you have already filed a charge or complaint, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency/Court:

Address:

Telephone Number (Including Area Code):

Line Two:

Date Filed:

Case Number:

Date of Trial/Hearing:

Provide any additional information, including witnesses, that you believe would assist in the investigation.

Signature of Complainant:

Date:

FOR OFFICE USE ONLY

Location:

Case:

Date Complaint Received:

Date Referred:

Processed by:

Referred to: USDOT FHWA CALTRANS OTHER _____

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INSTRUCTIONS**Section I**

Applicability – The complaint procedures apply to the beneficiaries of CTC programs, activities, and services, including but not limited to the public, contractors, subcontractors, consultants, recipients and sub-recipients of state and federal transportation funds.

All complaints must be in writing and signed by the complainant. Complaints must include the complainant's name, address, phone number, and specify all issues and circumstances of the alleged discrimination. In cases where the complainant is incapable of providing a written statement such as limited English proficient or having a disability, the complainant may be assisted in converting the verbal into a written complaint.

Section II

Title VI/Other Discrimination – Any person who believes he/she has been excluded from participation in or denied benefits or services of any program or activity administered by CTC, or its sub-recipients, consultants, and contractors.

Discrimination Because of – Allegations must be based on issues involving race, color, national origin for a Title VI complaint or sex, age, disability, or retaliation.

Filing Options and Time Limits – The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Title VI discrimination complaints may be filed with CTC, the Federal Highway Administration, the Federal Transit Administration, or the Department of Fair Employment and Housing. Complaints for State funded activities will be filed with the California State department of Fair Employment and Housing.

Complaints must be filed no later than 180 days after the date of the alleged act of discrimination or retaliation unless the time for filing is extended. Failure to supply all information may be grounds for rejecting your complaint.

Submit Complaints – The original-signed complaint form or letter is mailed to:

California Transportation Commission
Attention: Deputy Director of Administration and Financial Management
1120 N Street, MS 52
Sacramento, CA 95814

Information – Email: CTC@catc.ca.gov
Phone: (916) 654-4245

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

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