**Attachment B**

****

**Bakersfield Arc, Inc. (BARC)**

**TITLE VI DISCRIMINATION COMPLAINT FORM**

**2240 S. Union Ave., Bakersfield, CA 93307**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complainant’s Name:** |  |  |  |  |  |  |  |  |  |  |  |
| **Street Address:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **City/State/Zip:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Phone:** |  |  |  |  |  |  |  |  |  |  | **E-Mail Address:** |  |  |  |  |
| **Date of** | **Violation:** |  |  |  |  | **Time of Violation:** |  |  |  |  |  |
| **Date of Complaint:** |  |  |  |  |  |  | **Place of Violation:** |  |  |  |  |
| **Bus Number:** |  |  |  |  |  |  |  |  |  |  | **Bus Route:** |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Discrimination because of:** | **□ Race** | **□ Color** | **□ National Origin** |  |
| **□ Age** | **□ Sex** | **□ Sexual Orientation** | **□ Gender Identity** |  |

**Please provide the name(s) of the BARC employees who allegedly discriminated against you, including their job titles (if known).**

**Identify what BARC service, program, or activity did not comply with Title VI of the Civil Rights Act of 1964.**

**Identify individuals by name, address and phone number that has information relating to the violation.**

**Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other individuals were treated differently from you.**

***Signature of Complainant:*** **Date:**

**Attachment B (Spanish)**

##

**Bakersfield Arc, Inc. (BARC)**



**FORMULARIO DE QUEJA POR DISCRIMINACIÓN CONFORME AL**

**TÍTULO VI**

**2240 S. Union Ave., Bakersfield, CA 93307**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre del que presenta la queja:** |  |  |  |  |  |  |  |  |
| **Dirección (calle):** |  |  |  |  |  |  |  |  |
| **Ciudad/Estado/Código** |  |  | **postal:** |  |  |  |  |  |  |  |  |
| **Teléfono:** |  |  |  |  |  |  |  |  |  | **Correo electrónico:** |  |
| **Fecha del** | **incidente:** |  |  |  | **Hora del incidente:** |  |
| **Fecha de la queja:** |  |  |  | **Lugar del incidente:** |  |  |
| **Número del bus:** |  |  |  |  | **Ruta del bus:** |  |  |
|  |  |  |  |  |  |
| **Causa de la discriminación: □ Raza** |  | **□ Color** | **□ Origen nacional** |
| **□ Edad** | **□ Sexo** | **□ Orientación sexual** | **□ Identidad de género** |

**Sírvase suministrar el/los nombre(s) de los empleados de BARC que supuestamente le discriminaron, inclusive los cargos que ocupan (si se saben).**

**Identifique cuál servicio, programa o actividad de BARC no cumplió con el Título VI del Acta de Derechos Civiles de 1964.**

**Proporcione los nombres, direcciones y números de teléfono de los individuos que poseen información relacionada con el incidente.**

**Explique lo más claramente posible lo que ocurrió, cómo usted siente que le discriminaron y quién estuvo involucrado. Por favor incluya cómo otras personas fueron tratadas de manera diferente a usted.**

***Firma del que presenta la queja:*** **Fecha:**

**Attachment B**