



## Civil Rights Complaint

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground 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.”

If you believe you have received discriminatory treatment by Manteca Transit on the basis of your race, color, or national origin, you have the right to file a complaint with the City of Manteca. The complaint must be filed within 180 calendar days of the alleged discriminatory incident.

The information requested below is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the City of Manteca.

### Section I.

1. Name: \_\_\_\_\_
2. Full Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Cell  Home  Work
4. Email Address: \_\_\_\_\_
5. Accessible Format Requirements? Large Print  Audio Tape  TDD  Other \_\_\_\_\_

### Section II.

6. Are you filing this complaint on your own behalf? Yes  No  If Yes, go to **Section III**
7. If no, please provide the following information on the person for whom you are filing this complaint:
8. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
9. Full Address: \_\_\_\_\_
10. Please explain why you have filed for a third party: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have permission of the third party to file on their behalf? Yes  No

### Section III.

12. Which of the following best describes the reason you believe the discrimination took place? (Check all that apply): Race  Color  National Origin
13. Date of alleged discrimination (Month, Day, Year) \_\_\_\_\_

14. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who alleged discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, attach an additional sheet to this form. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Section IV.**

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15. Have you ever filed a Civil Rights complaint with the City of Manteca in the past? Yes  No

**Section V.**

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16. Have you filed this complaint with any other Federal, State, or local agency? Yes  No   
 If Yes, check all that apply and provide name of agency:

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Federal Agency _____ | <input type="checkbox"/> Federal Court _____ |
| <input type="checkbox"/> Local Agency _____   | <input type="checkbox"/> State Court _____   |
| <input type="checkbox"/> State Agency _____   |                                              |

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

18. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

19. Full Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section VI.**

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please submit this form in person or by mail to the address below:

City of Manteca Finance Department  
 Attn: Civil Rights Complaint – Transit Division  
 1001 W. Center Street, Suite D  
 Manteca, CA 95337

If you have any questions or need assistance filling out this form, please contact the City of Manteca at (209) 456-8775 or [glantsberger@ci.manteca.ca.us](mailto:glantsberger@ci.manteca.ca.us). The City will respond within 10 days of the alleged discrimination once the City receives this form.