

Sound Transit Title VI Non-Discrimination Complaint Form

Sound Transit is responsible for civil rights compliance and monitoring, which includes ensuring that contractors who provide services on our behalf abide by Title VI of the Civil Rights Act of 1964 which protects individuals from discrimination on the basis of race, color or national origin.

If you believe that you have been discriminated against because of your race, color or national origin, then you have the right to file a complaint with Sound Transit within 180 days of the alleged incident. For complaints that are made more than 180 days after the alleged incident, Sound Transit will assess if an investigation is feasible.

Sound Transit will analyze a complainant's allegations for possible civil rights violations on the basis of age, religion, disability, or sex. If violations are identified, they are investigated in the same manner as provided in Sound Transit's Title VI Discrimination Complaint Process.

To register a formal complaint based on a disability under the Americans with Disabilities Act, you may use the following form: [ADA complaint form](#).

If you believe you have been discriminated against for reasons not covered by Title VI, please contact our customer service line at 1-888-889-6368.

HOW TO FILE A COMPLAINT

Option #1: Complete the Title VI Complaint Form and submit the **signed** Complaint Form:

Via MAIL	OR	Via EMAIL
Sound Transit Office of Civil Rights, Equity and Inclusion Union Station, 401 South Jackson St. Seattle, Washington 98104-2826		stdiscriminationcomplaint@soundtransit.org

Option #2: Call the Title VI Complaint Line at 206.689.3302 and leave a message with the following information.

- Name
- Date & time of the call
- Brief description of the incident (include date and approximate time of the incident)
- Your contact information and best time to reach you

Someone from the Title VI office will return your call within 3 business days.

Option #3: If you need language assistance, call 1-800-823-9230. Our customer service agent will connect you with an interpreter and aid in you in connecting with the Title VI office. This service is provided Monday-Friday from 7AM-7PM (excluding U.S. holidays).

In addition to the options provided above, a person may file a complaint directly with the U.S. Department of Transportation by contacting the Department at:

*U.S. Department of Transportation
Federal Transit Administration's Office of Civil Rights: Complaint Team,
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590*

Phone: 888-446-4511

Sound Transit

Title VI Discrimination Complaint Form

Section I:		
Name:		
Pronouns (she/hers, they/them, he/his, etc.). This question is optional.		
Mailing Address:		
Telephone (Home and/or Cell Phone):	Telephone (Alternative):	
Electronic Mail (e-mail) Address:		
Best time of day to contact you about this complaint:		
<input type="checkbox"/> 7am-10am <input type="checkbox"/> 10am-1pm <input type="checkbox"/> 1pm-4pm <input type="checkbox"/> 4pm-7pm		
Accessible Format Requirements?	Large Print <input type="checkbox"/>	Audio Tape <input type="checkbox"/>
	TDD <input type="checkbox"/>	Other <input type="checkbox"/>
Language Services Requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate your preferred language.	
Section II:		
Are you filing this complaint on your own behalf?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If you answered yes to this question, go to Section III.		
If no, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Have you obtained the permission of the aggrieved party if you are filing on their behalf? <i>(This is not required but recommended if possible.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section III:

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin (includes limited English proficiency) Other

Date of Alleged Incident (month, day, year):

Please 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 discriminated against you (if known) as well as names and contact information of any witnesses. Include any documentation that is relevant to this complaint.

Section IV:

List any other persons that we should contact for additional information in support of your complaint. Please include their phone numbers, addresses, email addresses, etc., if known.

List any other agencies (i.e. Department of Transportation, King County Metro, etc.) with whom you have filed this same complaint. Please include the name and contact information for the person you contacted.

Section V:

Name (signature): _____

Date: _____