

Title VI Discrimination Complaint Form

Sound Transit operates its programs, activities, and services without regard to race, color, and national origin, in accordance with Title VI of the Civil Rights Act. In addition to complying with Title VI, Sound Transit also prohibits discrimination based on sex, age, disability, religion, and other protected classes enumerated in state and federal laws.

If you believe that you have been discriminated against 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.

More information on Sound Transit's Title VI Policy may be obtained by:

Visiting [soundtransit.org](https://www.soundtransit.org) | or sending an email to: stdiscriminationcomplaint@soundtransit.org

For language interpretive services: 1-800-823-9230

For information in alternate formats, call 800-889-6368 / TTY: 711 (do not use TTY Relay) or email accessibility@soundtransit.org.

* Required

Your information

1. Name *

2. Pronouns (she/hers, they/them, he/his, etc.)

3. Telephone *

4. Alternative telephone

5. Email address *

6. Language Services Requirements?

Yes

No

7. If "Yes", please indicate your preferred language

Section II

8. Are you filling this complaint on your own behalf *

If answer is "Yes", go to Section III

Yes

No

9. If no, please supply the name and relationship of the person for whom you are complaining:

10. Please explain why you have filed for a third party:

11. Have you obtained the permission of the aggrieved party if you are filing on their behalf?

(This is not required, but recommended if possible)

Yes

No

Section III

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

- Race
- Color
- National Origin (includes limited English proficiency)
- Other

13. Date of Alleged Incident (M/d/yyyy) *

14. Please explain as clearly as possible what happened and why you believe you were discriminated against. Include details such as station, stops, street name, train or bus number if known. *

15. 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

16. 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. *

17. *I affirm that the information provided in this complaint is true and accurate to the best of my knowledge and belief.* *

- I accept
- I do not accept

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