

**EXHIBIT B
CITY OF BALDWIN PARK
BALDWIN PARK TRANSIT
Title VI Complaint Form**

The City of Baldwin Park is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Submit complaints with 60 calendar days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Compliance Coordinator at (626) 813-5255. The completed form must be returned to City of Baldwin Park, Title VI Compliance Coordinator, 14403 East Pacific, Baldwin Park, CA 91706.

Name: _____

Street Address: _____

Phone: _____ Alternative Phone: _____

Date of Incident: _____ Time of Incident: _____

Which of the following best describes the reason for the alleged discrimination? (Check one)

_____ Race

_____ Color

_____ National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the reverse side of this form if additional space is required.

(Complete next page of form)

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Have you filed a complaint with any other federal, state or local agencies (Check one)

_____ Yes

_____ No

If yes, list agency or agencies and contact information below:

Agency 1: _____

Street Address: _____

Phone: _____

Contact Name: _____

Agency 2: _____

Street Address: _____

Phone: _____

Contact Name: _____

I affirm that I have read the above charge, and it is true to the best of my knowledge.

Complainant's Signature

Date

Print or Type Name of Complainant

Date Received: _____

Received By: _____