

MFI Recovery Center Complaint Form

COMPLAINT FORM

| Section I: Please write legibly | | |
|--|--------------------------------------|--|
| 1. Name: | | |
| 2. Address: | | |
| 3. Telephone: | 3.a. Secondary Phone (Optional): | |
| 4. Email Address: | | |
| 5. Accessible Format Requirements? | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
| | <input type="checkbox"/> TDD | <input type="checkbox"/> Other |
| Section II: | | |
| 6. Are you filing this complaint on your own behalf? | YES* | NO |
| *If you answered "yes" to #6, go to Section III. | | |
| 7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name: | | |
| 8. What is your relationship with this individual: | | |
| 9. Please explain why you have filed for a third party: | | |
| 10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf. | YES | NO |
| Section III: | | |
| 11. I believe the discrimination I experienced was based on (check all that apply): | | |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| 12. Date of alleged discrimination: (mm/dd/yyyy) | | |

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| Section IV: | | |
| 14. Have you previously filed a Title VI complaint with MFI Recovery | YES | NO |
| Section V: | | |
| 15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> YES* <input type="checkbox"/> NO If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____ | | |
| 16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed. | | |
| Name: _____ | | |
| Title: _____ | | |
| Agency: _____ | | |
| Address: _____ | | |
| Telephone: _____ | | Email: _____ |
| Section VI: | | |
| Name of Transit Agency complaint is against: _____ | | |
| Contact Person: _____ | | |
| Telephone: _____ | | |

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

Signature and date are required below to complete form:

Signature: _____ Date: _____

Please submit this form in person or mail this form to the address below:
MFI Recovery Center, 5870 Arlington Ave., Riverside, Ca 92504