



**City of Santa Monica Big Blue Bus
Civil Rights Complaint Form**

The City of Santa Monica's Big Blue Bus (BBB) is committed to ensuring that no person is excluded from participation in, or denied the benefits of its service on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. In addition to Title VI of the Civil Rights Act of 1964, BBB also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status or sexual orientation.

It is the policy of the City of Santa Monica Big Blue Bus to employ its best efforts to ensure that all programs, services, activities, and benefits are implemented in a non-discriminatory manner.

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, national origin may file a written complaint within 180 days after the date of the alleged discrimination with the City of Santa Monica Big Blue Bus, the FTA or the Secretary of Transportation. Further, the City of Santa Monica Big Blue Bus prohibits intimidation, coercion, or engagement in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by Title VI.

Please provide the following information by scrolling down the page to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know by calling 310-451-5444 and speaking with a Customer Service Representative.

Complete and return this form to:

Bridget Cade, Administrative Services Officer
City of Santa Monica Big Blue Bus
P.O. Box 2200
Santa Monica, CA 90407-2200



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Section I:		
Complainant's Name:		
Street Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes	No
*If you answered "yes" to this question, go to Section III.		
If you answered "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: _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> National Origin	<input type="checkbox"/> Marital Status	
Date of Alleged Discrimination (Month, Day, Year): _____		
<p>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. If more space is needed, please use the back of this form.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		



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Please mail your complaint form directly to the following address:

**Bridget Cade, Administrative Services Officer
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Santa Monica, CA 90407-2200**

Listed below are the state addresses if you wish to file a Title VI complaint directly with the FTA.

**Federal Transit Administration (FTA)
Office of Civil Rights, Region IX
201 Mission Street, Suite 1650
San Francisco, CA 94105-1839**