



<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V</b>		
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"/> Federal Court _____	<input type="checkbox"/> State Agency _____	
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____	
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		

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

Signature and date required below:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please submit this form in person at the address below, or mail this form to:  
 Transbay Joint Powers Authority  
 Attn: Title VI Complaint  
 201 Mission Street, Suite 2100  
 San Francisco, CA 94105