



## Filing a Civil Rights Complaint

The Stanislaus Regional Transit Authority (StanRTA) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services based on race, color, or national origin pursuant to Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination. It is best to file a complaint as close to the date of the event as possible.

If you would like more information about StanRTA’s Title VI program or require assistance in completing this form, please contact the Civil Rights Officer, by calling (209) 477-7011 or emailing [civilrightsofficer@stanrta.org](mailto:civilrightsofficer@stanrta.org). If you believe you have been subjected to discrimination under Title VI you may file a written complaint. The form can be downloaded here. Hard copies of the form in Spanish and English are available at the Customer Service office in the Modesto Transit Center or the StanRTA administrative office. The complaint form can be downloaded by clicking <https://stanrta.org/146/Ask-The-S>.

The form can be filled out and delivered in several ways:

- In-person or by mail: Stanislaus Regional Transit Authority  
Attn: Civil Rights Officer  
912 11<sup>th</sup> Street, Suite 100  
Modesto, CA 95354
- By email: [civilrightsofficer@stanrta.org](mailto:civilrightsofficer@stanrta.org)
- Mobile app: StanRTA Ask the S app, “Title VI” Request
- Online: <https://stanrta.org/146/Ask-The-S>

If you need a form in another language, contact (209) 477-7011.

## Additional Options

A complaint may also be filed with the Federal Transit Administration (FTA) Office of Civil Rights via mail:

Federal Transit Administration  
1200 New Jersey Avenue SE  
Washington, DC 20590

Or by using the FTA online complaint form at <https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta>.

For assistance with questions, contact the FTA toll-free civil rights hotline at (888) 446-4511.



## Civil Rights Complaint Form

Your Name:	Phone:
Street Address:	Email:
City, State, Zip Code:	
Name of Person(s) Discriminated against (if someone other than yourself):	
Street Address, City, State, Zip Code:	
Date of the Incident:	

**Which of the following best describes the reason you think the alleged discrimination took place?** (Check one)

- RACE
- COLOR
- NATIONAL ORIGIN (LIMITED ENGLISH PROFICIENCY)

### Incident Description

Please describe the alleged discriminatory incident in the space provided. If more space is required, please attach an additional page. Explain what happened, and who you believe was responsible. If possible, include the location and time of the incident, the route or vehicle number or route involved, and anything else you believe is helpful. All information provided will assist in our investigation.

(Incident Description:)

