

**CAC TRANSPORTATION INC.
TITLE VI COMPLAINT FORM**

Section I				
Name:				
Address:				
City, State, Zip Code:				
Telephone (home):			Telephone (work):	
Email Address:				
Check the box if you require this form in an alternative format.	Large Print <input type="checkbox"/>	TTY <input type="checkbox"/>	Audio Tape <input type="checkbox"/>	Other <input type="checkbox"/>
Section II				
Are you filing this complaint on your own behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, skip to Section III.				
If no, please supply the name and relationship of the person you are representing.				
Explain why you have submitted a claim on behalf of a third party.				
Confirm that you have obtained permission to submit this claim by the third party.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Section III				
I believe that the discrimination I experienced was based on (check all that apply):	Race <input type="checkbox"/>	Color <input type="checkbox"/>	National Origin <input type="checkbox"/>	
Date of alleged discrimination:				
Name of County department and/or facility where alleged discrimination took place:				
Explain as clearly as possible what happened and why you believe you were discriminated against.				
Describe all person(s) who were involved, including the name and contact information for the person(s) who allegedly discriminated against you if known.				
List name(s) and contact information for any witnesses to the alleged discrimination.				
Section IV				

Have you previously filed a Title VI complaint against C.A.C Transportation Inc?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Section V					
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, check all agencies or courts in which a complaint was filed and enter the name of the agency or court.	Federal Agency <input type="checkbox"/> Name:	Federal Court <input type="checkbox"/> Name:	State Agency <input type="checkbox"/> Name:	State Court <input type="checkbox"/> Name:	Local Agency <input type="checkbox"/> Name:
	Provide contact information for the person at the agency or court who received and/or investigated this complaint.				
Name:					
Title:					
Organization:					
Address:					
City, State, Zip Code:					
Telephone:					

If you need more space to complete the information above, please attach additional sheets and label your responses to correspond with the section number and question shown on the form. If you have other written materials or supporting documentation that you believe is relevant to your complaint and should be considered during the investigation, please attach it to this form.

Sign and date this Title VI Complaint Form below:

Signature

Date

Printed Name

Mail it to:
C.A.C. Transportation Inc.
PO Box 8819
Bend, OR 97708-6005