



## Long Beach Transit Civil Rights Complaint Form

**Long Beach Transit (LBT) is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any LBT program or activity, as protected by Title VI of the Civil Rights Act of 1964.**

**Long Beach Transit also prohibits discrimination on the basis of a person's disability, in accordance with the Americans with Disabilities Act of 1990.**

**If you believe you have been subjected to discrimination under either of these nondiscrimination statutes, you may file this Civil Rights Complaint Form with LBT. The information requested in this form is necessary to assist LBT in processing your complaint. Should you require assistance in completing this form, please contact Customer Service at (562) 591-8753.**

**Please complete, sign and return this form to:**

**LBT Customer Service c/o  
Civil Rights Officer 4801  
Airport Plaza Drive, 8th Floor  
Long Beach, CA 90815**

**Section I:**

**Name:**

**Address:**

**Telephone (Home):**

**Telephone (Work):**

**Electronic Mail Address:**

**Accessible Format  
Requirements?**

Large Print

Audio Tape

TDD

Other

**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 not, please supply the name, address 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
<b>Section III:</b>		
<p>I believe the discrimination I experienced was based on (check all that apply):</p> <p><input type="checkbox"/> Race            <input type="checkbox"/> Color            <input type="checkbox"/> National Origin            <input type="checkbox"/> Disability</p> <p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <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 allegedly 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>		

