

Section IV:

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____ State Agency: _____

Federal Court: _____ Local Agency: _____

Please provide information about a contact person at the agency or court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

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 to a customer service representative or mail this form to:

Customer Service
Metrolink
P.O. Box 531776
Los Angeles, CA 90053-1776