



Filing a Title VI Complaint

Persons who believe they have been aggrieved by an unlawful discriminatory practice under Title VI may file a complaint with Lanakila Pacific. For information on filing a complaint, contact Lanakila's office. Complaints must be in writing and must be filed within 180 days following the date of the alleged discriminatory occurrence.

Phone: 808-531-0555

Mail: Lanakila Pacific

1809 Bachelot Street

Honolulu, HI 96817

Title VI, Environmental Justice, and Limited English Proficiency Complaint Form

Rev. June 4, 2015

Title VI, Civil Rights Act, 1964 states “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.” Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. If information is needed in another language, please call Lanakila at 808-531-0555. Complete this form and mail or deliver to:

Lanakila Pacific ATTN: Quality Assurance Manager 1809 Bachelot Street Honolulu, HI 96817 www.lanakilapacific.org (808) 531-0555	<u>OR</u>	Department of Transportation Services - Paratransit Operations Branch City and County of Honolulu Frank F. Fasi Municipal Building 650 King Street, Third Floor Honolulu, HI 96813-3071
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1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No. (Day): _____ (Evening): _____

5. Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on? (Check all that apply):

_____ Race/Color _____ National Origin

_____ Low Income _____ Limited English Proficiency

7. Date of incident resulting in discrimination: _____

8. Describe how you were discriminated against. What happened and who was responsible?
For additional space, attach additional sheets of paper or use back of form.

9. Did you file this complaint with another Federal, state, or local agency; or with a Federal or state court? (Check appropriate space) _____ Yes _____ No

If answer is yes, check each agency complaint was filed with:

Federal Agency _____ Federal Court _____ State Agency _____
State Court _____ Local Agency _____ Other _____

10. Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

11. Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date

