



**CITY OF MADERA  
MADERA AREA EXPRESS AND DIAL-A-RIDE  
Title VI Complaint Form**

Have you filed a complaint with any other federal, state or local agencies (Check one)  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, list agency or agencies and contact information below:

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I affirm that I have read the above charge, and it is true to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Complainant

Date Received: _____
Received By: _____