

EXHIBIT B

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "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 subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to: Capital Area Rural Transportation System, Title VI Complaint Coordinator, P.O. Box 6050, Austin, Texas 78762. You may also fax a complaint form to 512-478-1110 or scan and e-mail to pearl@ridecarts.com.

1. Complainant's Name _____

2. Address: _____

3. City_State: _____ Zip Code: _____

4. Telephone Number (home): _____ (business): _____

5. Person discriminated against (if someone other than the complainant):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place?

Was it because of:

a. Race/Color: Yes _____ No _____

b. National Origin: Yes _____ No _____

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes _____ No: _____

If yes, place a mark next to each agency that applies:

Federal agency _____ Federal court _____ State Agency _____ State court _____ Local agency _____

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

Name _____ Phone Number _____

Address: _____ City _____ State: _____ Zip: _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature _____ Date _____