



TITLE VI COMPLAINT FORM

CARTS is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by the Title VI of the Civil Rights Act Of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (512) 505-5605. The completed form must be returned to CARTS Title VI Coordinator, P.O. Box 6050, Austin, TX. 78762

The language identified in our service area is English and Spanish. If information is needed in another language, contact 1-800-456-7433.

Section I

Name:

Street Address:

City:

State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

Section II

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race / Color / National Origin

Not Applicable

Other (specify)

Section III

Are you filing this complaint on your own behalf?

Yes

No

[If you answered "yes" to this question, go to Section V.]

If not, please supply the name 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

Section IV

Have you previously filed a civil rights complaint with FTA? Yes No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

Transit Provider Department of Transportation
Department of Justice Equal Employment Opportunity Commission

Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against:

Contact person
Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date: _____

Note: We cannot accept your complaint without a signature

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

Complaint Signature: _____

Date: _____

Print or Type Name of Complainant: _____

Date Received:
Received By: