

Title VI Complaint Form

Section I

* Indicates required field

Name *

 First Last

Street Address *

 Line 1 Line 2 City State Zip Code Country

Phone Number *

Accessible Formats Required *

Large Format Not Applicable Other

If you selected Other please tell us the Accessible Format you need:

Section II

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

Race / Color / National Origin Disability Not Applicable Other

If you selected Other please tell us the the basis of the discrimination:

Section III

I believe that a public transit provider has failed to comply with the following program requirements: *

Disadvantaged Business Enterprise External Equal Employment Opportunity Not Applicable Other

If you selected Other please tell us how the transit provider has failed to comply with program requirements:

Section IV

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 V

Have you previously filed a civil rights complaint with FTA? *

Yes No

If yes, what is your FTA Complaint Number?

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

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

If you selected Other, please list the other agencies that you have filed a complaint with:

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

Max file size: 20MB

Have you filed a lawsuit regarding this complaint? *

Yes No

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

Attach and material related to a filed lawsuit

Max file size: 20MB

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 VI

Name of public transit provider complaint is against: *

Contact Person Title *

Contact Person Phone number *

Section VII

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

Signature (type full name) *

Date (mm/dd/yyyy) *

complaint.

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 Below (type full name) *

Print or Type Name of Complainant: *

Date (mm/dd/yyyy) *

Received By:

Date (mm/dd/yyyy)

SUBMIT