|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE VI DISCRIMINATION COMPLAINT FORM** | | | | | |
| Please fill out complainant information below (if someone other than the complainant, please fill out the last two boxes as well): | | | | | |
| Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Email: |  | | |
| Person(s) discriminated against (if someone other than complainant): | |  | | | |
| Address (if someone other than complainant): | |  | | | |

|  |  |
| --- | --- |
| Which reason best describes the alleged discrimination that took place? (Please check one) | |
| Race |  |
| Color |  |
| National Origin |  |
| Other discrimination/allegation  *(please explain in detail)* |  |

**Description of Complaint:**

**ate of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_**

Please describe the alleged discrimination in as much detail as available, such as: date, time, route number, location, vehicle number, names and titles of all staff involved, reason for complaint, explanation of actions leading to complaint, whom you believe responsible and any witnesses, including their contact information. Please use additional sheets of paper as necessary if additional space is required. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you filed a complaint with any other federal, state or local agencies? (Check one)**

|  |  |
| --- | --- |
| YES |  |
| NO |  |

If yes, please list agencies and contact information below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Email: |  | | |
| Website Address: | |  | | | |
| Contact Person: | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Email: |  | | |
| Website Address: | |  | | | |
| Contact Person: | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Email: |  | | |
| Website Address: | |  | | | |
| Contact Person: | |  | | | |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Complainant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or Type Name of Complainant

|  |  |
| --- | --- |
| For Office use Only: | |
| Date Received: |  |
| Received By: |  |