

Title VI Complaint Form

Section I

Name: _____

Address: _____

Telephone Numbers:
(Home) _____ (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____

TDD _____ Other _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible Title VI which includes discrimination because of race, color, national origin and related deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

Section II

Are you filing this complaint on your own behalf?

Yes _____ No _____

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

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 III

Have you previously filed a Title VI complaint with FTA? Yes _____ No _____

If yes, what was your FTA Complaint Number? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

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

Transit Provider _____ Department of Transportation _____

Department of Justice _____ Equal Employment Opportunity Commission _____

Other _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV

Name of provider complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

Discrimination Type, check

_____ Race

_____ Color

_____ National Origin

_____ Other

Section V

Please describe your complaint. You should include specific details such as names, dates, times, witnesses and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.