

Title VI Complaint Form

Before completing this form, please read the CAT Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at the phone number listed. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work: _____ Cell: _____

E-mail Address: _____

Date of alleged discrimination: _____

Which of the following best describes the reason you believe the discrimination took place? Was it because of your: Race/Color: _____ National Origin: _____

Person discriminated against (if someone other than complainant). Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you filed this complaint with any other federal, state, or local agency?

- Yes
- No

If yes, check each box that applies:

- Federal Transit Administration
- Department of Transportation
- Dept. of Justice
- Equal Opportunity Commission
- Other: _____

Have you filed a lawsuit regarding this complaint?

- Yes
- No

If yes, please provide a copy of the complaint form; or

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

Complainant's Signature

Date