

## Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to: Transportation Coordinator, Alamo Regional Transit, Title VI Complaint Coordinator, 8700 Tesoro Drive, Suite #700, San Antonio, TX 78217-6228. You may also fax a complaint form to 210-832-8785 or scan and e-mail to pvann@aacog.com.

1. Complainant's Name \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place?

Was it because of:

a. Race/Color: Yes \_\_\_\_\_ No \_\_\_\_\_

b. National Origin: Yes \_\_\_\_\_ No \_\_\_\_\_

7. What date did the alleged discrimination take place? \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, place a mark next to each agency that applies:

Federal agency \_\_\_\_\_ Federal court \_\_\_\_\_ State Agency \_\_\_\_\_ State court \_\_\_\_\_ Local agency \_\_\_\_\_

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_