

CAPITAL REGION TRANSPORTATION COUNCIL TITLE VI COMPLAINT FORM

Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format
Requirements?

Large Print
TDD

Audio Tape
Other

Section II:

Are you filing this complaint on your own behalf?

]Yes*

]No

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

Please supply the name and relationship
of the person for whom you are complaining:

Name:

Your relationship:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the complainant if
you are filing on behalf of a third party.

]Yes

]No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

]Race]Color]National Origin]Sex,]Age]Disability]Economic Status]Other

Date of Alleged Discrimination (Month, Day, Year): _____

On a separate sheet, explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

May we release your identity and a copy of your complaint to the entity
against whom you are complaining? Note: We may be unable to investigate
your allegations without permission to release your identity and
complaint.

]Yes

]No

Section IV:

Have you previously filed a Title VI complaint with the Transportation
Council?

]Yes

]No

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State
court?]Yes]No

If yes, check all that apply:

]Federal Agency]Federal Court]State Agency]State Court]Local Agency

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

Name:

Title:

Agency:

Address:

Telephone:

Signature of Complainant: