

TITLE VI COMPLAINT FORM

Section I

Name:

Address:

Telephone (Home):

Telephone (Work):

E-Mail Address:

Accessible Format
Requirements?

Large Print

Audio Tape

TTY

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.

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

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

Race Color National Origin

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

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List name(s) and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency? 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 and enter name of agency or court:

Federal Agency:

Federal Court State Agency

State Court Local Agency

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

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone:

Please attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature: _____

Date: _____

Please submit this form in person at the address below, or mail this form to:

Grant County Transportation District
Title VI Coordinator
PO Box 126
John Day, OR 97845