

SCAT TITLE VI RIDER COMPLAINT FORM

Section I

Complaint No.

Name: _____

Address: _____

Telephone Numbers:

(Home) _____

(Work) _____

Electronic Mailing Address: _____

List type of discrimination (please check all that apply):

Race () National Origin () Color ()

Other _____

Please indicate your race/color, if it is a basis of your complaint _____

Please describe your national origin, if it is a basis of your complaint _____

Have you filed a complaint about this incident with the Federal Transit Administration?

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 filled 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.]

Section II

Name of public transit provider complaint is against: _____

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, 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.

Location where the incident occurred: _____

Time and date of the incident: _____

Name/Position title of the person who allegedly subjected you to Title VI discrimination:

Did any one else witness the incident? Yes () No ()

List witnesses (Use a separate sheet, if necessary)

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Section III

Are you filing this complaint on your own behalf?

Yes No

[If you answered “yes” to this question, go to Section IV]

If not, please supply the name and relationship of the person for whom you are complaining: _____

Please explain why you filed for a third party. _____

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

Yes () No ()

Please print name here: _____

Please sign here: _____

Date: _____

[Note: We cannot accept your complaint without a signature.]

List other witnesses

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____