

## 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. \_\_\_\_\_