Title VI Civil Rights

Complaint Form

Section I:

Name: _________________________________________________________________________

Address: _____________________________________________________________________

City, State, Zip: __________________________________________________________________

Telephone Numbers:

Home: ___________________ Work: ________________ Cell: __________________________

E-Mail Address: __________________________________________________________________

Accessible Format Requirements?

Large Print: Yes [ ] No [ ]

Audio Tape: Yes [ ] No [ ]

TDD: Yes [ ] No [ ]

Other: ___________________________

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, “Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations”, and the Department of Transportation’s Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

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:

Name: ____________________________ Relationship: _______________________________

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   [ ] Disability   [ ] Other:_____________________

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

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. If more space is needed, please use the back of this form or attach additional pages:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

COMPLAINT DESCRIPTION
(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.)

Section IV:

Have you filed this complaint with any of the following agencies? Check all that apply:

[ ] Federal Transit Administration
[ ] U. S. Department of Transportation
[ ] North Carolina Dept. of Transportation
[ ] Department of Justice
[ ] Equal Employment Opportunity Commission

If you checked any of the above, please attach a copy of any response you received to your complaint.
Have you filed a lawsuit regarding this complaint?   Yes [ ]   No [ ]

If yes, please provide the case number and attach any related material: ___________________

(Note: The above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the Court.)

Section V:

Have you previously filed a Title VI complaint with PART?   Yes [ ]   No [ ]

If yes, what was your PART Complaint No.? _______________________________

Section VI:

Attached is a blank sheet of paper to describe your complaint. Please use additional sheets if necessary.

Please sign here: _____________________________ Date: __________

(Note: We cannot accept your complaint without a signature)

Please mail your completed form to:

PART
Director of Commuter Operations
107 Arrow Rd.
Greensboro, NC 27409