Title VI Civil Rights

Complaint Form

Section I

Name: _________________________________________________________________

Address: __________________________________________________________________________

Street  City  State  Zip

Telephone Numbers:

Home: ____________________ Work: ________________ Other: ______________________

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:

SPECIFIC BASIS OF DISCRIMINATION (Check appropriate box(es)):

Race  Color  National Origin

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

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

If yes, what was your PART Complaint No? ________________________________

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

Have you filed this complaint with any of the following agencies? Yes _________ No _______

(If you answered yes, who did you file the complaint with?)

Federal Transit Administration: _________ U. S. Department of Transportation: _________

North Carolina Dept. of Transportation: _________ Department of Justice: _________

Equal Employment Opportunity Commission: _________

Have you filed a lawsuit regarding this complaint? Yes _________ No ___________

If yes, please provide a copy of the complaint form. (Note: This 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 IV:

Complaint is against: ___________________________________________________________

Contact Person: ________________________________ Title: ________________________

Telephone Number: ________________________________

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

Section V:

Please sign here: ________________________________ Date: ______________

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

Please mail your completed form to:

PART
Title VI Compliance Officer
107 Arrow Rd.
Greensboro, NC 27409

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.)