

Discrimination Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		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 [] Age			
[] Disability []	Family or Religious Status	[] Other (explain)			
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.					
Section IV					
Have you previously filed a Title VI complaint with this agency?			Yes	No	



Section V		
Have you filed this complaint with a	any other Federal, S	State, or local agency, or with any Federal or State court?
[] Yes [] No)	
If yes, check all that apply:		
[] Federal Agency:		
[] Federal Court		[] State Agency
[] State Court		[] Local Agency
Please provide information about a	contact person at	the agency/court where the complaint was filed.
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is again:	st:	
Contact person:		
Title:		
Telephone number:		
You may attach any written material Signature and date required below:	s or other informat	ion that you think is relevant to your complaint.
Signature		Date
Please submit this form in person at	the address below,	or mail this form to:
Marla Cavendish	or	The Federal Transit Administration
Peace River Center		Office of Civil Rights
P.O. Box 1559		1200 New Jersey Ave., SE
Bartow FI 33830		Washington D.C. 20530