

DART Title VI Complaint Form

SECTION I		
Name:		
Street Address:		
City:	State:	ZIP Code:
Telephone:	Secondary Telephone:	
Email Address:		
SECTION II		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "yes" to the last question, go to Section III.		
If you answered "no", what is the name of the person for whom you are filing this complaint?		
Name:		
What is your relationship to this individual?		
Please explain why you have filed for a third party:		
Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION III		
I believe the discrimination I experienced was based on: <i>(check all that apply)</i>		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of alleged discrimination: <i>(mm/dd/yyyy)</i>		
Explain as clearly as possible what happened and why you believe you were discriminated against. Include specific details such as 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, route number/name, and any other information that would assist us in our investigation of your allegations. If more space is needed, please use the back of this form.		

