



Title VI Complaint Form

Section I

Name: _____

Address: _____
Street City State Zip

Telephone: Home: _____ Work: _____ Other: _____

Email Address: _____

Accessible Format Requirements:

Large Print [] Audio Tape [] 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:

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 []

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 any other Federal, 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: _____ Telephone: _____

Address: _____

Section VI

Name of agency complaint is against: _____

Contact Person: _____ Title: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below:

Signature

Date

Please submit this form in person at the address below or mail to:

Ability Building Center
Katie Gifford, Transportation Manager
1911 14th St NW
Rochester MN 55901