

## **Civil Rights Complaint Form**

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail your completed form to:

**Director, FTA Office of Civil Rights** East Building, 5th Floor - TCR 1200 New Jersey Ave., SE Washington, DC 20590

If you have questions about how to prepare a complaint, you may contact our toll-free FTA Assistance Line at 1-888-446-4511. More information about transit-related civil rights requirements may be found on the FTA's website at www.fta.dot.gov.

Note: Apart from the form, on separate pages, please describe your complaint. 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. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

## Section I

I belie of:

eliev	e that I have been (or someone else has been) discriminated against on the basis
	Race / Color / National Origin
	Disability
	Not Applicable
	Other (specify)

I believe that a public transit provider has failed to comply with the following program requirements:						
	Disadvantaged Business Enterprise					
	External Equal Employment Opportunity					
	Not Applicable					
	Other (specify)					
Section	on II					
Name	:					
Street	Address:					
City:	State:					
Zip Co	ode:					
Telep	hone Numbers:					
Hom	e:					
Cell:						
E-Mai	I Address:					
Acces	sible format requirements:					
Large	Print					
Not A	Not Applicable					
Other	Other					
Secti	on III					
Are yo	ou filing this complaint on your own behalf?					
Yes	No					
[If you	answered "yes" to this question, go to Section IV.]					

If not, please suppl complaining:	y the name and ı	relationship of the	person for whom y	you are		
Please explain why	/ you have filed fo	or 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 IV						
Have you previously filed a civil rights complaint with Yes No FTA?						
If yes, what was your FTA Complaint Number?						
Have you filed this	complaint with a	ny of the following	gagencies?			
Transit Provider		Department of Tr	ransportation			
Department of Just	tice	Equal Employme	ent Opportunity Co	mmission		
Other						
If yes, please attach a copy of any response you received to your previous complaint.						
Have you filed a la	wsuit regarding tl	his complaint?	Yes	No		
If yes, please provide the case number and attach any related material.						
<b>Note:</b> FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.						

Section V						
Name of public transit provider complaint is against:						
Contact person	Title					
Telephone number	Telephone number					
Section VI						
May we release your identity and a copy of your complaint to the transit provider?						
Yes	No					
<b>Note:</b> We may be unable to investigate your allegations without permission to release your identity and complaint.						
Please sign here:						
Date:						
Note: We cannot accept your complaint without a signature.						