TITLE VI COMPLAINT FORM

Background

Title VI is a Federal statute and provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Title VI prohibits recipients of Federal financial assistance (e.g., states, local governments, transit providers) from discriminating on the basis of race, color, or national origin in their programs or activities, and it obligates Federal funding agencies to enforce compliance.

Section I:					
Name:					
Address:					
Telephone (Home):		Telephor	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 [] Co	olor	[] National Origin			
Date of Alleged Discrimina	tion (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 or State court?	local agency, or v	with any Federal		
[] Yes [] No				
If yes, check all that apply:				
[] Federal Agency:				
[] Federal Court [] State As	gency			
] State Court [] Local Agency				
Please provide information about a contact person at the agency filed.	//court where the	complaint was		
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency complaint is against:				
Contact person:				
Title:				
Telephone number:				
You may attach any written materials or other information that y complaint.	ou think is releva	ant to your		
Signature and date required below				
Signature	Date			
Please submit this form in person at the address below, or mail this form to:				
D1-f1 M T '4 D'-4-'-4				

Rockford Mass Transit District 520 Mulberry Street

Rockford, IL 61101