Title VI Complaint Form

Please complete this form, sign and date it, and submit it to the Mobility Manager at the address on page 2. Attach additional pages or supporting materials as needed.

Section I Your contact information

Name: _____

Address: _____

City, State, ZIP: _____

Home telephone: _____ Work telephone: _____

Email address: _____

Accessible format needed: ☐ Large print ☐ Audio tape ☐ TDD ☐ Other: _____

Section II Filing on behalf of another person

Are you filing this complaint on your own behalf? ☐ Yes ☐ No

If yes, go to Section III. If no, complete the following information.

Name of person: _____ Relationship: _____

Why are you filing on this person's behalf? _____

_____

Have you obtained this person's permission to file the complaint? ☐ Yes ☐ No

Section III Details of the complaint

I believe the discrimination was based on (check all that apply):

☐ Race ☐ Color ☐ National origin

Date of alleged discrimination (month, day, year): _____

Explain what happened and why you believe you were discriminated against. Identify the people involved and include contact information, if known, for those involved and any witnesses. Attach additional pages if needed.

_____

_____

_____

_____

_____

Section IV Previous complaint with this agency

Have you previously filed a Title VI complaint with this agency? ☐ Yes ☐ No

Section V Complaint filed with another agency or court

Have you filed this complaint with another federal, state, or local agency, or with a federal or state court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal agency ☐ State agency ☐ Local agency

☐ Federal court ☐ State court

Provide information about a contact person at the agency or court where you filed. Attach additional pages if you filed with more than one agency or court.

Name: _____

Title: _____

Agency or court: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Section VI Agency named in the complaint

Name of agency the complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

Signature and date

You may attach written materials or other information relevant to your complaint. Please sign and date below.

Signature: _____ Date: _____

Submit the completed form

Delaware County Transit
Attention: Mobility Manager
119 Henderson Ct
Delaware, OH 43015
Telephone: 740-513-2207

If information is needed in another language, contact 1-888-808-9008.