

Title VI – COMPLAINT FORM

This form may be used to file a complaint with the St. Joseph Area Transportation Study Organization (SJATSO) for alleged violations of Title VI of the Civil Rights Act of 1964. If you need assistance completing this form due to a physical impairment or other reasons, please contact us by phone at (816) 236-1471 or via FAX (816) 271-4740 or at the SJATSO Office located at 1100 Frederick Ave Room 202 St. Joseph, MO 64501.

Only the complainant or the complainant's designated representative should complete this form.

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

WORK TELEPHONE

FAX

Individual(s) discriminated against, if different from above (use additional page(s) if necessary):

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE NO.

WORK TELEPHONE NO.

FAX NO.

PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE

Name of Agency and department or program that discriminated:

AGENCY AND DEPARTMENT NAME

NAME OF INDIVIDUAL (if known)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.

FAX NO.

Date(s) of alleged discrimination:

DATE DISCRIMINATION BEGAN

LAST OR MOST RECENT DATE OF DISCRIMINATION

Alleged discrimination:

Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 days period, you have 60 days after you became aware to file your complaint.

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the bases on which you believe these discriminatory actions were taken.

Example: If you believe that you were discriminated against because you are African American, you would mark the box labeled *race/color* and write *African American* in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled *sex* and write *female* in the space provided.

- | | | | |
|--------------------------|-----------------|--------------------------|------------|
| <input type="checkbox"/> | Race | <input type="checkbox"/> | Religion |
| <input type="checkbox"/> | Color | <input type="checkbox"/> | Age |
| <input type="checkbox"/> | National origin | <input type="checkbox"/> | Disability |
| <input type="checkbox"/> | Sex | <input type="checkbox"/> | Income |

Explain:

Please explain as clearly as possible what happened. Provide the name(s) of witnesses and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written materials pertaining to your case.)

SIGNATURE	DATE
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