Title VI Complaint Form

*Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground 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.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint.*

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| **Section 1** |
| Name: |
| Address: |
| City, State, Zip Code |
| Telephone Number: |
| If you require accessible format please specify: |
| **Section 2** |
| Are you filing this complaint on your own? Yes (Go to Section 3) No (Go to next line) |
| Please provide the name and address of the person who alleges discrimination  Name:  Address: |
| Please explain why you are filing this claim for a third party: |
| Please confirm that you have obtained permission. Yes No |
| **Section 3** |
| I believe that the discrimination experienced was based on (check all that apply)  Race Color National Origin (includes Limited English Proficiency) |
| 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 and 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 space on the back of the form or use  another sheet of paper. |
| **Section 4** |
| Have you previously filed a complaint with ARCIL? Yes No |
| **Section 5** |
| Have you filed this complaint with any other Federal, State, of 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 Number:  Address: |
| **Section 6** |
| *You may attach any written materials or other information that you think is relevant to your complaint.*  I affirm that I have read the above and that it is true to the best of my knowledge, information and belief. ***Signature and date required.***  Signature: Date: |
| Please submit this form and any additional materials in person or mail to:  ARCIL  8 W. Broad St., Suite 228  Hazleton, PA 18201  ATTN: Title VI Coordinator |
| ARCIL use only: Date Received Received by: |