

TITLE VI COMPLAINT FORM



SECTION A

Name _____

Address _____

Telephone (Home) _____ Telephone (Work) _____

E-Mail _____

Accessible Format Requirements

<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
<input type="checkbox"/> TDD	<input type="checkbox"/> Other _____

SECTION B

1. Are you filing this complaint on your own behalf?

Yes No If Yes, skip to Section C

2. What is the name and relationship of the person for whom you are complaining? _____

3. Please explain why you are filing for a third party?

4. Have you obtained the permission of the aggrieved party for whom you are filing this complaint? Yes No

SECTION C

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

<input type="checkbox"/> Race	<input type="checkbox"/> National Origin
<input type="checkbox"/> Color	<input type="checkbox"/> Other _____

SECTION D

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. 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 E

Why do you believe these events occurred?

Please explain how you feel that others were treated differently than you.

How can this complaint be resolved to your satisfaction?

SECTION F

Have you previously filed a Title VI complaint with PVTA?

Yes

No

SECTION G

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?

No

Yes

If Yes, check all that apply:

State Court

Federal Court

Local Agency

State Agency

Federal Agency

SECTION H

If you answered "yes" to section G, please provide information about a contact person at the agency/court where the complaint was filed.

Contact Name

Title

Name of Agency

Address

Telephone

SECTION I

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and Date Required Below:

Signature

Date

SECTION J

Please submit this form in person or by mail to:

Pioneer Valley Transit Authority
Attention: Title VI Specialist
2808 Main Street
Springfield, MA 01107

Or download this form, scan it and email it to: titlevi@pvta.com.

Be sure to sign and date the form before you send it to the PVTA Title VI Specialist.