

Title VI Complaint Form

Southern Iowa Trolley

Southern Iowa Trolley is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Transit Director at the Southern Iowa Trolley by calling (641) 782-6571. The completed form must be returned to Transit Director, Southern Iowa Trolley, 215 E. Montgomery St., Creston, IA 50801

Name: _____
Daytime Phone: _____
Street Address: _____
City, State, Zip Code _____

Are you filing this complaint on your own behalf?

Yes ____ No ____

[If you answered "yes" to this question, go to next page.]

If not, please supply the name and relationship of the person for whom you are filing:

Name: _____
Daytime Phone: _____
Street Address: _____
City, State, Zip Code _____

Please explain why you are filing for a third party. _____

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE ALLEGED DISCRIMINATION (CHECK ALL THAT APPLY):

Race _____ Limited English Proficiency _____

Color _____ National Origin _____

Other _____

Describe the alleged discrimination incident. Provide the names and titles of all employees responsible. Explain what happened, whom you believe was responsible and other specific relevant information. Please use an additional sheet of paper if more space is required.

Lined area for describing the discrimination incident.

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE, OR LOCAL AGENCIES? (CHECK ONE)

Yes _____

No _____

If yes, list agency or agencies and contact information:

Agency: _____

Contact Name: _____

Address: _____

City, State, Zip Code _____

Daytime Phone: _____

Agency: _____

Contact Name: _____

Address: _____

City, State, Zip Code _____

Daytime Phone: _____

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS COMPLETE AND ACCURATE TO MY BEST KNOWLEDGE.

Complainant's Signature

Date

Print or type the name of the complainant

The completed form must be returned to:

Transit Director
Southern Iowa Trolley
215 E. Montgomery St.
Creston, IA 50801

For office use only

DATE RECEIVED _____

RECEIVED BY _____