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."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Director of Administrative Services at (541) 682-6100.

Complete and return this form to: Director of Operations and Customer Satisfaction,
Lane Transit District,
P. O. Box 7070, Springfield, OR 97475-0470.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone (home): _____ (business): _____

5. Person discriminated against (if someone other than the complainant):

    Name: _____

    Address: _____

    City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

    a. Race/Color ○   b. National Origin ○   c. Age ○   d. Gender ○

    e. Income ○

7. What date did the alleged discrimination take place?

    _____

8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible.

    _____

    _____

1

_____

_____

_____

_____

_____

_____

Please use the back of this form if additional space is needed.

9. Have you filed this compliant with any other federal, state, or local agency, or with any federal or state court?   Yes ○ No ○

   If yes, check each box that applies:

   Federal agency ○   Federal court ○   State agency ○

   State court ○   Local agency ○

10. Please provide information about a contact person at the agency/court where the complaint was filed.

    Name: _____

    Address: _____

    City: _____State: _____Zip Code: _____

    Telephone Number: _____

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

    _____   _____
    Complainant's Signature   Date