

**Jefferson Transit  
Title VI Complaint Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Were you discriminated against because of:

\_\_\_\_ Race      \_\_\_\_ National Origin      \_\_\_\_ Color

\_\_\_\_ Other (please describe) \_\_\_\_\_

Are you filing this complaint on your own behalf? Yes \_\_\_\_ No \_\_\_\_

If you answered "no", please supply the name and relationship of the person for whom you are complaining: \_\_\_\_\_

Have you filed this complaint with any of the following agencies?

\_\_\_\_ Federal agency      \_\_\_\_ Federal Court      \_\_\_\_ State Agency      \_\_\_\_ State Court

\_\_\_\_ Local Agency Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_ No \_\_\_\_

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

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number or Email: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

