

Jefferson Transit Title VI Complaint Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 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: _____

