



Complaint Form (Title VI)

Title VI of the Civil Rights Act of 1964 states "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".

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail, Email or fax to:

Mark Carnopis, Title VI Coordinator, 700 N. East 2nd Street, Suite 100, Meridian, ID, 83642

marnopis@valleyregionaltransit.org

FAX: 208-846-8564

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State _____ Zip _____

4. Contact Number: _____ Optional Contact Number: _____

Email: _____

5. Person discriminated against (if other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on: (Check all that apply)

Race National Origin Color

7. Date of incident resulting in discrimination: _____

8. Explain as clearly as possible what happened and how you were discriminated against. Indicate those involved. For additional space, attach additional sheets of paper or use back of this form.

9. Where did the incident take place? Please provide location, bus number, driver's name, etc.

10. Were there witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email _____

11. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

Yes No

If you answered yes, check each agency complaint was filed with:

Federal Agency Federal Court State Agency

State Court Local Agency Other

12. Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Date filed: _____

Sign the complaint in the space below. You may attach any written materials or other information that supports your complaint.

Complainant's Signature

Signature Date