

# Valley Regional Transit Discrimination Complaint Form

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 to process your complaint. Assistance is available upon request. Complete this form and mail, email, or fax to:

**Duane Wakan, Title VI Coordinator**, 700 N. East 2<sup>nd</sup> Street, Suite 100, Meridian, ID, 83642  
[dwakan@ridevrt.org](mailto:dwakan@ridevrt.org) FAX: 208-846-8564

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Complainant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Optional Contact Number: \_\_\_\_\_

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

Person discriminated against (if other than Complainant)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Date of incident resulting in discrimination: \_\_\_\_\_

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

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

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Were there witnesses? Please provide their contact information.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

State Agency

Local Agency

Federal Court

State Court

Other

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact 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

*Filing a complaint with Valley Regional Transit is voluntary. However, without the information requested above, we may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction, and if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside Valley Regional Transit for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You may also email or write a letter and send it to the address above.*

