

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." The Americans with Disabilities Act of 1990 prohibits discrimination based on disability.

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

Stephen Hunt, ADA Coordinator, 700 N. East 2nd Street, Suite 100, Meridian ID, 83642
shunt@ridevrt.org

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 _____ Color _____ National Origin _____ Disability

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.

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



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, the Americans with Disabilities Act of 1990, 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.

