Civil Rights Complaint Form English

(ACT) Civil Rights Complaint Form

If information is needed in another language, contact 806-378-6842.

Atención Sesión Pública Convocatoria Aviso 806-378-6842 Para Obtener Información – www.amarillo.gov

Nếu thông tin là cần thiết trong một ngôn ngữ khác, liên hệ 806-378-6842 – www.amarillo.gov

ACT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 business days and ADA complaints 90 business days of the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact The Transit Director by calling at 806-378-6842. The completed form must be returned to:

Amarillo City Transit Attention: Transit Director P.O. Box 1971 Amarillo, Texas 79105

Section I	
Your Name:	Home Phone:
Street Address:	Work Phone:
E-Mail Address:	City, State. & Zip Code:
Do you need this information in an accessible format? Large Print TDD Audio Tape Other	
Section II	
Are you filing this complaint on your own behalf: Yes* No *If you answered yes, go to Section III	
If no, please supply the name and relationship of the person for whom you are complaining: NameRelationship	
Please explain why you have filed a complaint for a third party:	

Please print and sign your name acknowledging that you have obtained permission to file		
this complaint on behalf of the third party		
Printed Name	Signature	
Section III		
I believe the discrimination I experienced was based on (circle all that apply)		
Race Color National Origin		
Date of alleged discrimination (Month, Day, Year):		
Explain what happened and why you believe that you were discriminated against. Describe		
all persons who were involved. Include the name and contact information of the person(s)		
who discriminated against you (if known) as well as names and contact information of any		
witnesses. If more space is needed, please use the back of this form.		
Section IV		
Have you previously filed a Title VI complaint with this agency? Circle the appropriate		
answer - Yes No		
Section V		
Have you filed this complaint with any other Fed	deral. State or local agency or with any	
Federal or State court? Circle the appropriate answer - Yes No		
If yes, check all that apply:		
[] Federal Agency:	[] State Agency:	
[] Federal Court:		
State Court:	[1]	
Please provide contact information at the agency/court where the complaint was filed:		
Name Title		
AgencyAddre		
Section VI		
Name of agency complaint is against:		
Contact person:	Title:	
Telephone Number:		
You may attach any written materials or other	information that you think is relevant to your	
complaint. Signature and date required		
Print your name Sign your	name Date	
Print your name Sign your Please submit this form in person to:	Mail this form to:	
r lease submit this form in person to.	Mail this form to.	
Amarillo City Transit	Amarillo City Transit	
801 South East 23 rd	P.O. Box 1971	
Amarillo, Texas 79103	Amarillo, Texas 79105-1971	
Route 33 stops at the front door	7411d11110, 10xd3 73100 1371	
Notice of stops at the north door		
Date Received:		
Received By:		