



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 Federal, 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: \_\_\_\_\_  Local Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Please provide contact information at the agency/court where the complaint was filed:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

**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**

Please submit this form in person to:

Amarillo City Transit  
801 South East 23<sup>rd</sup>  
Amarillo, Texas 79103  
Route 33 stops at the front door

**Sign your name**

Mail this form to:

Amarillo City Transit  
P.O. Box 1971  
Amarillo, Texas 79105-1971

**Date**

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_