

## **Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that “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.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

<b><u>Section I:</u></b>	
Name:	
Address:	
City, State, Zip Code:	
Telephone Number: (home)	(cell)
Accessible Format Requirements? Large Print TDD Audio Tape	
Other:	

<b><u>Section II:</u></b>	
Are you filing this complaint on your own behalf? YES* NO	
If you answered YES to this question-go to <b>Section III</b>	
If not, please supply the name and relationship of the person for whom you are complaining:	
Please explain why you have filed for a third party:	
Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:	

<b><u>Section III:</u></b>	
I believe the discrimination I experienced was based on (check all that apply):	
____ race ____ color ____ National Origin	
What was the date of the alleged discrimination (Month, Day, Year)?	
Explain as clearly as possible what happened and why you believe 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:	

<b>Section IV:</b>
Have you previously filed a Title VI complaint with this agency?

<b>Section V:</b>
Have you filed a Title VI complaint with any other Federal, State, or local agency, or with any Federal or State Court? YES NO
If YES, check all that apply:
_____ Federal Agency: _____
_____ Federal Court: _____
_____ State Court: _____
_____ State Agency: _____
_____ Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Phone:_____

<b>Section VI:</b>
Name of agency complaint is against:
Contact person:
Title:
Phone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

\_\_\_\_\_ Date

\_\_\_\_\_ Print your name

Please submit this form in person at the address below, or mail this form to:  
**Human Resources, Title VI Coordinator**  
**Alleghenies Unlimited Care Providers**  
**119 Jari Drive**  
**Johnstown, PA 15904**