

**Federal Transit Administration  
Office of Civil Rights  
Complaint Form**

***Section I***

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

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

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

**The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.**

**In the FTA complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.**

***Section II***

Are you filing this complaint on your own behalf?

Yes \_\_\_\_\_ No \_\_\_\_\_

[If you answered "yes" to this question, go to Section III.]

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 that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes \_\_\_\_ No \_\_\_\_

**Section III**

Have you previously filed a Title VI complaint with FTA? Yes \_\_\_\_ No \_\_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider \_\_\_\_\_ Department of Transportation \_\_\_\_\_

Department of Justice \_\_\_\_\_ Equal Employment Opportunity Commission \_\_\_\_\_

Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide a copy of the complaint form.

**[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]**

**Section IV**

Name of public transit provider complaint is against:

\_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

**Section V**

May we release a copy of your complaint to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

May we release your identity to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

[Note - We cannot accept your complaint without a signature.]

---

**Please mail your completed form to: Title VI Program Coordinator, Region 6 Planning Commission, 903 E. Main Street, Marshalltown, Iowa 50158.**