## **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."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to: Transportation Coordinator, Alamo Regional Transit, Title VI Complaint Coordinator, 2700 NE Loop 410 ste 101, San Antonio, TX 78217-6228. You may also fax a complaint form to 210-832-8785 or scan and e-mail to pvann@aacog.com.

1.	Complainant's Name					
2.	Address:					
3.	City	State:		Zip Code:		
4.	Telephone Number (home	e): (busi	ness):			
5.	Person discriminated against (if someone other than the complainant):					
	Name:	Address	:			
	City:		State:	Zip Code:		
6.	Which of the following be Was it because of: a. Race/Color: b. National Origin:	Yes	No		nation took place?	
7.	What date did the alleged	discrimination t	ake place?			
8.	In your own words, describelieve was responsible. F	_				1
9.	Have you filed this compl state court?	aint with any ot Yes N		state, or local agenc	y; or with any federal	or
	yes, place a mark next to ea ederal agency Federa	•	* *	State court	_Local agency	
10	. Please provide information	n about a contac	et person at	the agency/court wh	ere the complaint was	s filed.
Na	nme		_ Phone Nu	mber		
Ad	ldress:		City	State:	Zip:	

11. Please sign below. You may attach any written materials or relevant to your complaint.	r other information that you think is
Complainant's Signature	Date
Title VI – November 1, 2012	