APPENDIX C – COMPLAINT FORM

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.”

Note: 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: Jefferson Transit, Attn: Contract Monitor, 21 Westbank Expressway, Gretna LA 70053.

1. Complainant’s Name ____________________________________________
2. Address _______________________________________________________
3. City, State and Zip Code _________________________________________
4. Telephone Number (home) __________________ (business) ______________
5. Person discriminated against (if someone other than the complainant)
   Name ___________________________________________________________
   Address _________________________________________________________
   City, State and Zip Code ___________________________________________
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:
   a. Race/Color ___________________________________________________
   b. National Origin ______________________________________________
7. What date did the alleged discrimination take place? _______________
8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
9. Have you filed this 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 agency _____ State court _____ Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.
   Name____________________________________________________________
   Address________________________________________________________________
   City, State, and Zip Code ________________________________________________
   Telephone Number ______________________________________________________

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

   ___________________________________________  ________________
   Complainant’s Signature                          Date