

Title VI Complaint Form



Title VI of the Civil Rights Act of 1964 states "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."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Regional Transportation District, Title VI Office, 1600 Blake Street Blk-41, Denver, CO 80202.
You can reach our office Monday-Friday from 8-5 at 303-299-2111, or you can email our office at TitleVI.Coordinator@rtd-denver.com.

(Attached to this Form is the RTD Title VI Policy Statement.)

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No. (Home): _____ (Business): _____

5. Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on? (Check all that apply)

Race/Color

Low Income

Disability

National Origin

Sex

Limited English Proficiency

7. Date of incident resulting in discrimination: _____

8. Describe how you were discriminated against. What happened and who was responsible?
For additional space, attach additional sheets of paper of use back of the form.

9. What RTD representatives are the person alleging were involved?

10. Where did the incident take place? Please provide location, bus number, drivers name, etc.

Title VI Complaint Form (continued)



11. Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Business): _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) Yes No

If answer is yes, check each agency complaint was filed with:

Federal Agency Federal Court State Agency

State Court Local Agency Other

13. Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign the complaint in space below. Attach any documents you believe supports your complaint.

Complainant's Signature

Signature Date