

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, Transit Equity Office, 1660 Blake Street BLK-31, Denver, CO 80202. You can reach our office Monday-Friday from 8-5 at 303-299-6000, or you can email our office at titlevicomplaints@rtd-denver.com.

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

National Origin

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 were involved?

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

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11. Witnesses? Please provide their contact information.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: (Home) _____ (Business): _____
Email: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: (Home) _____ (Business): _____
Email: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: (Home) _____ (Business): _____
Email: _____

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:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Federal Court | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> State Court | <input type="checkbox"/> Local Agency | <input type="checkbox"/> 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