

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.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Okanogan County Transit Authority
Title VI Coordinator
PO Box 507
Okanogan, WA 98840
(509) 557-6177
Fax: (509) 315-2548

Please Print Clearly:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ (*home*) _____ (*cell*) _____ (*message*)

Person Discriminated Against: _____

Address of person discriminated against: _____

City, State, Zip: _____

Please indicate why you would believe the discrimination occurred:

_____ race or color

_____ national origin

_____ income

_____ other

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it: _____

Please list any and all witnesses' names and Phone Numbers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What type of corrective action would you like to see taken? _____

Please attach any documents you have which support the allegation. Then sign and date this form and sent it to the Title VI Coordinator at the address on page 1 of this document.

Your Signature

Print your name

Date