Federal Transit Administration
Office of Civil Rights
Complaint Form

Section I

Name:_________________________________________
Address:_______________________________________
Telephone Numbers:
(Home)_______________(Work)___________________
Electronic Mail Address:___________________________

Accessible Format Requirements?
Large Print _______ Audio tape _____
TDD ___________ Other________________________________________

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, “Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations,” and the Department of Transportation’s Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

Section II

Are you filing this complaint on your own behalf?

Yes _____ No _____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:
_________________________________________________

Please explain why you have filed for a third party. _______________________________
________________________________________________________________________
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes _____ No _____

Section III

Have you previously filed a Title VI complaint with FTA? Yes____ No____

If yes, what was your FTA Complaint Number? ______________

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider _____ Department of Transportation _____

Department of Justice______ Equal Employment Opportunity Commission _____

Other ______________________________

Have you filed a lawsuit regarding this complaint? Yes_____ No____

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV

Name of public transit provider complaint is against:

_____________________________________________________________________

Contact person: _________________________ Title: __________________________

Telephone number: _____________________________________________________

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V
May we release a copy of your complaint to the transit provider?
Yes ____ No ____

May we release your identity to the transit provider?
Yes ____ No ____

Please sign here: _____________________________________________

Date: ______________

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to: Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590