

Title VI Complaint Form

Email Address:

"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 that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Phone Number:	Cell Ph	one Number: _	w	ork Phone Number:	
City:		State:	Zip:		
Street Address:					
Name of Person Filing Co	mplaint:				
. If you answered NO to Q	uestion 3 abo	ove, please fill	out these section	ns.	
Yes (If YES, please go to Q	uestion 7)	No (If NO, pl	ease complete Ques	tion 4, Question 5 and Que	estion 6)
3. Are you filing this compl	aint on your	own behalf?			
Large Print Au	dio Tape	TDD	Other (please sp	ecify)	
2. Accessible Format of For	m Needed?				
How do you prefer to be	contacted?	Phone	Email		
Email Address:					
Phone Number:	Cell I	Phone Number	•	_ Work Phone Numb	er:
City:		_ State:	Zip:		
Street Address:					
. Complainant's Name:					
City, MO 64138					
3511 Hillcrest Rd. Kansas					
Attn: Quality Assurance Supervisor					
eitas		Or email to:			
Mail form to:					

How do you	prefer to be cont	tacted?	Phone	Email			
5. What is your relationship to the person for whom you are filing the complaint?							
6. Please confirmation of the the confirmation of the the confirmation of the confirma	•	obtained the	e permission o	of the aggrieved	l party if you are filin	ng on	
Yes, I have	permission.	No, I	do not have per	rmission.			
7. I believe that	the discrimination	on I experie	nce was based	on (check all that	apply)		
Race	Color	Natio	nal Origin (class	ses protected by Ti	tle VI)		
Other (plea	se specify)						
8. Date of Allege	ed Discrimination	n (Month, Day	, Year)				
-	• -		• •	•	u were discriminated criminated against you, is	•	
11. Please list an	y and all witness	ses' names a	nd phone num	ibers/contact in	nformation.		
12. What type of	f corrective actio	n would you	ı like to see ta	ken?			

13. Have you filed a complaint with any other federal, state or local agencies, or with any federal or state courts?

Yes (If YES, check all that apply and answer Question 14)	No (If NO, jump to the signature and date section below.)			
Federal Agency (List agency's name)				
Federal Court (Please provide location)				
State Court				
State Agency (Specify Agency)				
County Court (Specify Court and County)				
Local Agency (Specify Agency)				
14. Please provide information about a contact person	at the agency/court where the complaint was filed.			
Name:				
Title:				
Agency:				
Street Address:				
City:State:	Zip:			
Phone Number:	_			
You may submit any written materials or other informations of the submit and date is required.	nation that you think is relevant to your complaint.			
Signature Date of Date	ate			
If you completed Questions 4, 5 and 6, your signature a	and date is required here:			
Signature Da	ate			