



Title VI Complaint Form

“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.

Mail form to:

eitas
Attn: Quality Assurance
Supervisor
8511 Hillcrest Rd. Kansas
City, MO 64138

Or email to:

kyates@eitas.org

1. **Complainant's Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Cell Phone Number:** _____ **Work Phone Number:** _____

Email Address: _____

How do you prefer to be contacted? Phone Email

2. **Accessible Format of Form Needed?**

Large Print Audio Tape TDD Other (please specify) _____

3. **Are you filing this complaint on your own behalf?**

Yes (If YES, please go to Question 7)

No (If NO, please complete Question 4, Question 5 and Question 6)

4. **If you answered NO to Question 3 above, please fill out these sections.**

Name of Person Filing Complaint: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Cell Phone Number:** _____ **Work Phone Number:** _____

Email Address: _____

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 information that you think is relevant to your complaint.

Signature and date is required.

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required here:

Signature

Date