Attachment B Title VI Complaint Form and Procedures

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.

Please mail or return this form to: Harvest Years Senior Center 30 South Street

Camden DE. 19934

Attn: Director

PLEASE PRINT if you are not completing the on-line version of this form.

1. Complainant's Name:					
a. Address:					
b. City: State: Zip Code:					
c. Telephone (Home D or Cell 🗆) Please include area code — Telephone Number (Work) ()					
d. Electronic Mail Address:					
Do you prefer to be contacted via this e-mail address? ☐Yes ☐No					
2. Accessible Format of Form Needed?					
3. Are you filing this complaint on your own behalf? D Yes If YES, please go to Question 7 O No If no, please go to question 4					
4. If you answered NO to question 3 above, please provide your name and address. a. Name of Person Filing Complaint:					
b. Address:					
c. City: State: Zip Code:					
d. Telephone (Home Dor Cell Please include area code Telephone Number (Work)					
e. Electronic Mail Address:					
Do you prefer to be contacted via this e-mail address? ☐Yes ☐No					
5. What is your relationship to the person for whom you are filing the complaint?					
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on					
behalf of a third party. Yes, I have permission. D No, I do not have permission.					
7. believe that the discrimination experienced was based on (check all that apply)					
D Race D Color D National Origin (Classes protected by Title VI)					
D Other (please specify)					

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8. Date of Alleged Discrimination (Month, Day, Year):				
9. Where did the Alleged Discrimination take place?				
10. Explain as clearly as possible what happened and why	you believe that you were discriminated			
against. Describe all of the persons that were involved. Incl	ude the name and contact information of			
the person(s) who discriminated against you (if known). Use	the back of this form or separate pages if additional			
space is required.				
11. Please list any and all witnesses' names and phone nu	imbers/contact information. Use the back of			
this form or separate pages if additional space is required.				
12. What type of corrective action would you like to see ta	ken?			
13. Have you filed a complaint with any other Federal, State	e or local agency or with any Federal or			
State court? Yes If yes, check all that apply No				
a.D Federal Agency (List agency's name)				
b.D Federal Court (Please provide location)				
c.D State Court				
d.D State Agency (Specify Agency)				
e.D County Court (Specify Court and County)				
f. D Local Agency (Specify Agency)				
14. Please provide information about a contact person at t	he agency/court where the complaint was			
filed.				
Name: Title:				
Agency: Telephone				
Address:	7:- 0- 4-			
City: State:	Zip Code:			
You may attach any written materials or other information	that you think is relevant to your			
complaint.				
Signature and date is required:				
0:	D. I			
Signature	Date			
If you completed Questions 4, 5 and 6, your signature and date is required				
<u> </u>				
Signature	Date			



Delaware Transit Corporation Title VI Complaint Form



		CONTRACTOR OF THE PARTY OF THE		STATE OF THE PARTY	Maria Maria Maria	AND REPORT OF THE PARTY OF	Control of the Control
Section 1:							
Name:							
Address:							
Telephone (Cell):	Telephone	(Home):		Telephon	e (Work):		
Email Address:							
	Large Prin	t		Audio Tape			
Accessible Format Requirements Needed?	TDD			Other			
Cartina 2:							
Section 2:	Yes*	T					
Are you filing this complaint on your own behalf:	No	'If you a	nswered "Yes" to this quest	ion, go to Se	ction 3.		
	No			т			
t you answered "No", please supply the name and rei	ationship of the p	erson to	whom you are complaining:				
Please explain why you have filed for a third party:							
			N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Please confirm that you have obtained the permission	n of the aggrieved	party if y	ou are filing on the behalf of	Yes		No	
a third party.				TOA			
Section 3:							
believe that the discrimination I have experienced w	as based on (Che	ckalltha	tapply):				
[Race Color National C	Origin S	CX.	Age Disabilit	y 1.1	Low Inco	em c	
Date of Alleged Discrimination (Month, Day, Year):							
On a separate sheet of paper that must accompany to	o this complaint f	orm whe	n it is submitted, please expl	lain as cleari	y as poss	iblewhat	
happened and why you believe you were discriminate							
and contact information of the person (s) who discrim	ninated against yo	ou (it knov	wn) as well as names and co	ntact inform	ation of a	ny witnesses.	_
Section 4:							
Have you previously filed a Title VI complaint with	Yes						
this agency?	No						
Section 5:							
Have you filed this complaint with any other Federal,	State, or Local As	gency, or	with any Federal or State Co.	urt?			
Yes No							
If you answered "Yes", please check all that apply:							
Federal Agency:		1 1	State Agency:				
Federal Court:		1 1	Local Agency:				
State Court:							
Please provide information about the contact person	at the agency or	court who	ere the complaint was filed.				
Name:						<u> </u>	
Title:							
Agency:							
Address:							
PAGE VOICE.							
Telephone Number:							

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Section 6:	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone Number:	
Tetephone Number.	
Please attach any additional materials or information that you believ	e is relevant to your complaint.
Signature and date are required below:	
•	
0'	
Signature	Date
Please mail to or submit this form in person at the address below:	
Delaware Transit Corporation	
Crystal Alexander-Wilson	
Contract Coordinator	
119 Lower Beech Street	
Wilmington, DE 19805	
Please submit this form by email to:	
dart5310program@delaware.gov	