

TITLE VI COMPLAINT FORM

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

Attachment B
Title VI Complaint Form and Procedures

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. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>
12. What type of corrective action would you like to see taken?
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> 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 the agency/court where the complaint was filed. Name: _____ Title: _____ Agency: _____ Telephone () _____ Address: _____ 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:

Signature

Date

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

Signature

Date



Delaware Transit Corporation
Title VI Complaint Form



Section 1:

Name:			
Address:			
Telephone (Cell):		Telephone (Home):	Telephone (Work):
Email Address:			
Accessible Format Requirements Needed?	Large Print	Audio Tape	
	TDD	Other	

Section 2:

Are you filing this complaint on your own behalf:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you answered "Yes" to this question, go to Section 3.
If you answered "No", 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 the behalf of a third party.			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Section 3:

I believe that the discrimination I have experienced was based on (Check all that apply):

☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Age ☐ Disability ☐ Low Income

Date of Alleged Discrimination (Month, Day, Year): _____

On a separate sheet of paper that must accompany to this complaint form when it is submitted, please explain as clearly as possible what happened and why you believe you were discriminated against. Please describe all persons who were involved, and include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses.

Section 4:

Have you previously filed a Title VI complaint with this agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section 5:

Have you filed this complaint with any other Federal, State, or Local Agency, or with any Federal or State Court?

☐ Yes ☐ No

If you answered "Yes", please check all that apply:

<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> Local Agency: _____
<input type="checkbox"/> State Court: _____	

Please provide information about the contact person at the agency or court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone Number: _____

Section 6:

Name of agency complaint is against:

Contact person:

Title:

Telephone Number:

Please attach any additional materials or information that you believe is relevant to your complaint.

Signature and date are required below:

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