

Title VI Discrimination Complaint Form

Case Number _____

We are asking for the following information to assist us in processing your complaint. If you need are not able to complete the form personally, the Title VI Coordinator will assist you to do so at a mutually convenient time. Simply call 615 790 4005 or email Chase Harper at charper@tmagroup.org. If the Title VI Coordinator assists you in completing the form, you will still need to sign the form to validate the information provided. For full information on Franklin Transit Civil Rights – Title VI, please review the Title VI information on franklintransit.org.

1 Complainant’s Name _____
 Street Address _____
 City, State and Zip Code _____
 Telephone - Home _____
 Business _____
 Email: _____

2 Person discriminated against (if someone other than the complainant)
 Name _____
 Street Address _____
 City, State and Zip Code _____
 Telephone - Home _____
 Business _____
 Email: _____

3 What is the name and location of the person/entity that you believe discriminated against You.
 Name _____ Location _____

4 Which of the following best describes the reason you believe discrimination took place? Was it because of your:

- a. Race (specify why)

 - b. Color (specify why)

 - c. National Origin (specify why)

 - d. What date did the alleged discrimination take place?
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5 In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible.

6 Have you tried to resolve this complaint through internal grievance procedures elsewhere?

_____ YES

_____ NO

If yes, what is the status of the grievance?

Name and Title of person handling grievance procedure.

Name _____ Title _____

7 Have you filed this complaint with any other federal, state, or local agency: or with any federal or state court. _____ YES _____ NO

If YES, check all that apply:

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

8 Please provide information about a contact person at the other agency/court where the complaint was filed.

Name _____

Address _____

City, State, Zip _____

Telephone _____ email _____

9 Do you intend to file this complaint with another agency?

_____ Yes _____ No

If yes, when and where do you plan to file the complaint?

Date _____

Agency _____

Address _____

City, State, Zip _____

Telephone _____ email _____

10 Has the complaint been filed with Franklin Transit before?
_____YES _____NO
If YES, when? Date_____

11 Have you filed any other discrimination complaints with the Franklin Transit Authority?

_____YES _____NO

If YES, when and against whom were they filed?

Date_____

Agency_____

Address_____

City, State, Zip_____

Telephone_____email_____

12 Please sign and date this form below. You may attach written materials or other information that you think is relevant to your complaint.

Complainant's Signature _____ Date_____

If this form was completed by someone other than the complainant, please provide information about who assisted the citizen with this document.