Title VI Discrimination Complaint Form

Case Number ______________________

We are asking for the following information to assist us in processing your complaint. If you need assistance in completing 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?

5 In your own words, describe the alleged discrimination. Explained 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.