

Appendix E

Title VI Complaint Form

Troup Transit

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, 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 behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. 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. If more space is needed, please use the back of this form. _____ _____				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____ Date _____

Please submit this form in person at the address below, or mail this form to:

Lynn Howard,
 Troup County Parks & Recreation/ Troup Transit
 1220 Lafayette Parkway
 LaGrange, GA 30241

Formulario de Queja

Nombre de la persona que presenta la queja _____

Domicilio del participante _____

Ciudad, Estado, Codigo Postal _____

Telefono de la casa _____ Telefono de trabajo _____

Direccion de correo electronico _____

Raza/grupo etnico _____ Genero F M

Persona discriminada (si no es la misma que presenta la queja)

Domicilio particular _____

Ciudad, Estado, Codigo Postal _____

Telefono de casa _____ Telefono de trabajo _____

1. FUNDAMENTO ESPECIFICO DE LA DISCRIMINACION (Marque los casilleros que correspondan):

Raza Color Origen Nacional Situacion Economica
 Dominio Limitado de Ingles Discriminado de otra manera

2. Fecha del presunto acto o actos de discriminacion: _____

3. DEMANDADO (persona contra la cual se presenta la queja):

Nombre _____

Puesto de trabajo _____

Lugar de trabajo _____

Raza/grupo etnico _____

4. Describa de que manera fue discriminado. Que sucedio y quienes fueron los responsables?
 Si necesita mas espacio adjunte hojas adicionales, _____

5. Presento esa demanda ante otra agencia local, estatal, o federal, o ante un tribunal estatal o federal? Si No

6. Si la respuesta es si, marque los casilleros ante los cuales presento la demanda:

- Agencia Federal Tribunal Fedrerar Agencia Estatal
 Tribunal Estatal Agencia Local

Fecha de presentacion: _____

7. Proporcione informacion de contacto de un representante del organismo adicional (agencia o tribunalante el cual presento la demanda:

Nombre _____
 Domicilio _____
 Ciudad, Estado, Codigo Postal _____
 Telefono _____

Firme esta demanda en el espacio que figura a continuacion.

Firma

Fecha

The complaint may be filed in writing with Troup Transit as follows:

Lynn Howard,
 Troup County Parks & Recreation/ Troup Transit
 1220 Lafayette Parkway
 LaGrange, GA 30241

Complainants may also use the following to initiate the filing of a complaint:

- By e-mail to:* lhoward@troupc.org with Title VI Complaint in the subject line.
By telephone: Title VI Coordinator – 706-883-1670
By fax to: Attn: Title VI Coordinator – 706-883-1643

(Adjunte todos documentos de respaldo)