

APPOINTMENT KEEPERS TRANSPORTATION SYSTEM

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "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 you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

City of College Place
Fire Chief
629 S College Ave.
College Place, WA 99324
Phone #: 509-529-6506
Fax #: 509-529-0184

Please print CLEARLY:

Name: _____ Telephone No: _____

Address: _____ City, State, Zip Code: _____

Person discriminated against: _____

Address of person discriminated against: _____ City, State, Zip: _____

Please check off why you believe the discrimination occurred:

Race or Color National origin Income Other

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it: _____

Please list any and all witnesses' names and phone numbers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator. Address is listed on page 1.

Signature

Print Name

Date