



TITLE VI COMPLAINT FORM

The City of Burlington on behalf of Link Transit operates its programs and services without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI must file a complaint within 180 days of the alleged occurrence to any of the following by mail, in person, fax and/or email as explained at the end of the form.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/> Disability
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 VI:		
Have you previously filed a discrimination complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.	

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: _____	
Name of person complaint is against: _____	
Title: _____	
Location: _____	
Telephone Number (if available): _____	

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

Mail, fax, email or deliver completed form to:

- City of Burlington, Attn: Transit Manager, 234 East Summit Avenue, Burlington, NC 27215, fax to: 336.222.5004 or email to: info@linktransit.org.
- Federal Transit Administration (FTA), Office of Civil Rights, Attn: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave, SE, Washington, DC 20590.

If any transit related information is needed in an alternative language, contact the Link Transit Manager at 234 East Summit Avenue, Burlington, NC 27215, call to: 336.222.7351, fax to: 336.222.5004 or email to: info@linktransit.org.