

COMPLAINT FORM

**Title VI Complaint Form**

<b>Section I</b>		
Name: _____		
Address: _____		
Telephone (home) _____ (work) _____ (other) _____		
Electronic Mail Address: _____		
Accessible Format Requirements?	Large Print TDD	Audio Tape Other
<b>Section II</b>		
Are you filling this complaint on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> 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 the behalf of a third party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Section III</b>		
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
Date of Alleged Discrimination (Month, Day, Year): _____/_____/_____		
Explain as clearly as possible what happen 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 spaces is needed use 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?  Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_  
 Federal Court: \_\_\_\_\_  State Agency \_\_\_\_\_  
 State Court: \_\_\_\_\_  Local Agency \_\_\_\_\_

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

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
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.

If information is need in another language, contact 956-722-6100.  
Si necesitas información en otro idioma, comuníquese al 956-722-6100

Signature and Date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:  
El Aguila Transit Manager  
4801 Daughtery Ave.  
Laredo, Texas 78041