|  |
| --- |
| **Title VI Civil Rights Complaint Form** |
| **Section I** |
| Name: |
|  |
| Address: |
|  |
| Telephone Numbers: |
| Home: Work: Other: |
| E-Mail Address: |
| Accessible Format Requirements? |
| Large Print: Yes\_\_\_\_\_ No \_\_\_\_\_ Audio Tape: Yes \_\_\_\_\_ No \_\_\_\_\_ |
| TDD: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Language Translation: Yes \_\_\_\_\_ No \_\_\_\_\_ |
| Other: |
| **The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, “Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations”, and the Department of Transportation’s Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.** |
|  |
| **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: |
| Name: Relationship: |
| 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):  Race\_\_\_\_\_\_ Color\_\_\_\_\_\_ National Origin\_\_\_\_\_\_ 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 the 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 Fellowship House? Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
|  |
| **Section V** |
| Have you filed this complaint with any other agencies? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ |
| **(If you answered yes, who did you file the complaint with?)** |
| Federal Transit Administration: \_\_\_\_\_\_\_\_\_ U. S. Department of Transportation: \_\_\_\_\_\_\_\_\_  Indiana Dept. of Transportation: \_\_\_\_\_\_\_\_ Department of Justice: \_\_\_\_\_\_\_\_\_ |
|  |
| Equal Employment  Opportunity Commission: \_\_\_\_\_\_\_\_\_ Federal Court \_\_\_\_\_\_\_State Court\_\_\_\_\_\_\_ |
|  |
| Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ |
| If yes, please provide a copy of the complaint form/lawsuit. Please provide information about a |
| contact at the agency/court where the complaint was filed. |
| Name: Title: |
| Agency: Address: |
| Telephone: |
|  |
| **Section VI:** |
| 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 (required): Date (required):** |

(Note: We cannot accept your complaint without a signature)

Please mail your completed form to:

Mila Campian

Title VI Coordinator

Fellowship House

5711 South Dixie Highway

South Miami, FL 33143

Phone: 305-667-1036

Fax: 305-667-4938

Email: [mcampian@fellowshiphouse.org](mailto:mcampian@fellowshiphouse.org)