



Title VI Complaint Form

Notice: Your Protections under Title VI of the Civil Rights Act of 1964:

Cities Area Transit (CAT) operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes he/she or any specific class of persons has been subjected to discrimination based on race, color, or national origin may by him/herself or by a representative file a written complaint with CAT or the Federal Transit Administration (FTA). Complaints must be filed no later than 180 calendar days after the date of alleged discrimination, unless the time for filing is extended by FTA. All complaints will be promptly investigated.

To submit a Title VI complaint to CAT, please fill out the form below and send it to:

Cities Area Transit
Attn: Title VI
PO Box 5200
Grand Forks, ND 58206

1. Name of Complainant:
2. Phone Number:
3. Home Address (street, city, state, zip):
4. Name or description of person(s) who allegedly discriminated against you (if applicable):

5. Location(s) where alleged discrimination took place (if applicable):

6. Date(s) of alleged discrimination:

7. What do you believe the alleged discrimination based on?

Race

Color

National Origin

Other

Please specify:

8. Explain as concisely as possible the alleged discrimination:

9. Why do you believe the alleged discrimination occurred?

10. Please provide any additional information that may be relevant to investigating the alleged discrimination:

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint:

Name:

Phone Number:

13. 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

14. If this complaint was filed with another agency and/or court, please provide contact information for the agency and/or court where the complaint was filed:

Agency/Court: _____

Contact Name: _____

Address: _____

Phone Number: _____

15. I understand that this statement of complaint will be submitted to Cities Area Transit. The complaint may be the basis for review/and or investigation. I sincerely and truly declare and affirm that the statements contained herein are complete, accurate, and factual to the best of my knowledge and belief. I declare and affirm that my statement has been made voluntarily by me, without persuasion, coercion, or promise of any kind.

Signature of Complainant

Date