

Athens On Demand Transit Title VI Discrimination Complaint Form

Section I		
Your Name:		
Address:		
City:	State:	Zip Code:
Telephone (Home):		Telephone (Work):

Accessible Format Requirements?	<input type="checkbox"/> Large Print	Other
	<input type="checkbox"/> TTD	
	<input type="checkbox"/> Audio Tape	

Section II		
Are you filling 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 give the name of the person for whom you are complaining and your relationship to them.	Aggrieved Name:	
	Relationship:	
Please explain why you are filing for a third party.		
Have you obtained the aggrieved party's permission to file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section III
I believe the discrimination I experience was based on (check all that apply):
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Low Income
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 any witnesses. If more space is needed, please use the back of this form.

Section IV		
Have you filed a Title VI complaint with this agency before?	Yes	No

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
<i>*If you answered "YES" to this question, check all that apply and list each agency or court:</i>		
<input type="checkbox"/> Federal Agency:	<input type="checkbox"/> State Agency:	
<input type="checkbox"/> Federal Court:	<input type="checkbox"/> Local Agency:	
<input type="checkbox"/> State Court:		

Please provide information about a contact person at the agency/court where the complaint was filed.		
Contact Person Name:		
Contact Person Title:		
Agency Name:		
Address:		
City:	State:	Zip Code:
Telephone:		

Section VI	
You may attach any written materials or other information that you think is relevant to your complaint. SIGNATURE AND DATE REQUIRED BELOW. PLEASE PRINT THIS FORM.	
_____	_____
Signature	Date

Please submit this form in person at the address below, or mail this form to:

**Attn: Title VI Coordinator
Athens On Demand Transit
1015 East State Street
Athens, Ohio 45701**