



Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Title VI Complaints must be filed within 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

Transfort/Dial-A-Ride, Title VI, 6570 Portner Road, Fort Collins, CO 80525

Contact us Monday – Friday, 8 a.m.- 5 p.m. at 970-221-6620 or email TransfortInfo@fcgov.com.

1) Complainant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No. (Home/Cell): _____ (Business): _____

2) Person who has discrimination complaint (if other than complainant)
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No. (Home/Cell): _____ (Business): _____

3) What was the discrimination based on? (Check all that apply)
 Race Color Low Income National Origin Limited English Proficiency

4) Government, or organization, or institution complaint is about:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No.: _____

5) Date of incident resulting in complaint: _____

6) Describe the circumstances leading to this complaint. What happened and who was responsible? (provide names if possible of the individuals involved). For additional space, attach additional sheets of paper as necessary.

7) Where did the incident take place? Please provide location, bus number, etc.

8) Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

9) Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes No

If yes, what is the status of the grievance?

10) Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

Yes No

If the answer is yes, check each agency the complaint was filed with:

Federal Agency Federal Court State Agency

State Court Local Agency Other

Please provide contact person information for the agency/court/other:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Date filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date