



TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Ben Franklin Transit
Title VI Coordinator
1000 Columbia Park Trail
Richland, WA 99352
(509) 734 5107
(509) 735 4392 (fax)

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at (509) 735-5100.

PLEASE PRINT CLEARLY

SECTION I

Today's Date: _____

Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Email: _____

Do you require an accessible format?

Large Print TTY/TDD Audio Tape Other

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 filing:

Name: _____ Relationship: _____

Address of person discriminated against: _____

City: _____ State: _____ Zip Code: _____

Have you obtained permission from this person? Yes No

Please explain why you have filed on behalf of this person: _____

SECTION III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Sex
 Age Disability Low Income Other (explain) _____

