

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 ac ☐ Large Print	cessible format?		☐ Audio T	ape	Other		
SECTION II							
Are you filing this cor	mplaint 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 di	scriminated against:						
City:			State:		Zip Code:		
Have you obtained permission from this person?							
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 1	Natio	onal Origin	Sex			
☐ Age	☐ Disability ☐ I	_ow	Income	Other (ex	plain)		

	ay, Year):	Time:	
Type of Transit: Dial A Ride	Fixed Route	Other:	
Transit Line / Route:Vehicle ID o	or Name:	Location:	
Name(s) of Employee(s) involved:			
Explain as clearly as possible what happe Use the back of this form if needed for mo		ı believe you were discrimi	•
What type of corrective action would you li	like to see taken?		
	SECTION IV	<u></u>	_
Have you previously filed an Title IV comp BFT Contact Name:			」No
			_
Have you filed this complaint with any other	SECTION V		
State Court?	SECTION V		
State Court?	SECTION V er Federal, State	, or Local Agency, or with a	
State Court?	SECTION V er Federal, State es	, or Local Agency, or with a	
State Court? If Yes, check all that apply:	SECTION V er Federal, State es	, or Local Agency, or with a	
State Court? If Yes, check all that apply: Federal Agency:	SECTION V er Federal, State es Fe	, or Local Agency, or with a ☐ No deral Court:	
State Court? If Yes, check all that apply: Federal Agency: State Agency: Local Agency:	SECTION V er Federal, State es Fe State	, or Local Agency, or with a No deral Court: ate Court: cal Court:	
State Court? If Yes, check all that apply: Federal Agency: State Agency: Local Agency: Please provide contact information for the	SECTION V er Federal, State es Fe Sta Lo e person you spok	, or Local Agency, or with a No deral Court: ate Court: cal Court:	
State Court? If Yes, check all that apply: Federal Agency: State Agency: Local Agency: Please provide contact information for the Name:	SECTION V er Federal, State es Fe State Lo e person you spok	, or Local Agency, or with a No deral Court: ate Court: cal Court: se to at the above Agency:	
State Court? If Yes, check all that apply: Federal Agency: State Agency: Local Agency: Please provide contact information for the Name: Agency:	SECTION V er Federal, State es Fe Sta Lo e person you spok Title: Telep	, or Local Agency, or with a No deral Court: ate Court: cal Court: te to at the above Agency: hone:	any Federal or
State Court? If Yes, check all that apply: Federal Agency: State Agency: Local Agency: Please provide contact information for the Name:	SECTION V er Federal, State es Fe Sta Lo e person you spok Title: Telep City:	or Local Agency, or with a No deral Court: ate Court: cal Court: te to at the above Agency: hone: State:	any Federal or
If Yes, check all that apply: Federal Agency: State Agency: Local Agency: Please provide contact information for the Name: Agency: Address: You may attach any written materials or of Your signature and date is required to file	SECTION V er Federal, State es Fe State Lo e person you spok Title: Telep City: ther information to this complaint.	or Local Agency, or with a No deral Court: ate Court: cal Court: te to at the above Agency: hone: State:	any Federal or
If Yes, check all that apply: Federal Agency: State Agency: Local Agency: Please provide contact information for the Name: Agency: Address:	SECTION V er Federal, State es Fe Sta Lo e person you spok Title: Telep City:	or Local Agency, or with a No deral Court: ate Court: cal Court: te to at the above Agency: hone: State:	any Federal or