



## 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 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

### Do you need 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

If information is needed in another language, please call 509.735.5100.

#### 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

☐ Other (explain) \_\_\_\_\_

Date of Alleged Discrimination (Month/Day/Year): \_\_\_\_\_ Time: \_\_\_\_\_

Type of Transit: ☐ Dial-A-Ride ☐ Fixed Route ☐ Other: \_\_\_\_\_

Transit Line/Route: \_\_\_\_\_ Vehicle ID or Name: \_\_\_\_\_ Location: \_\_\_\_\_

Name(s) of Employee(s) involved: \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against.  
Use an additional sheet if more space is needed.

What type of corrective action would you like to see taken? \_\_\_\_\_

#### SECTION IV

Have you previously filed a Title IV complaint with BFT? ☐ Yes ☐ No

If Yes, BFT Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### SECTION V

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:

☐ Local court:

Please provide contact information for the person you spoke to at the above agency:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are required to file this complaint.

Complainant's Signature \_\_\_\_\_

Date \_\_\_\_\_