



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) _____

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 the back of this form if needed for more space.

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

SECTION IV

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

BFT Contact Name: _____ Telephone 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: _____

Telephone: _____

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 is required to file this complaint.

Complainants Signature: _____

Date: _____

If information is needed in another language, please call 509-735-5100
Si se necesita información en otro idioma, por favor llame a 509-735-5100

