



TITLE VI COMPLAINT FORM

Section I:

Name:

Home Address:

Telephone (Home): Telephone (Work):

Email: Cell:

Accessible Format Requirements? Large Print 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 complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III:

Date of Alleged Discrimination (Month, Day, Year): _____

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

Race Color National Origin Sex Age Disability Low Income

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

Section IV

Have you previously filed a Title VI complaint with this agency?

Yes

No

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: _____

Court: _____

State Agency: _____ State: _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below.

Signature

Date

Please submit this form and any supporting documentation in person at the address below,
or mail this form to:

Customer Relations/Title VI
Delaware Transit Corporation
119 Lower Beech Street, Suite 100
Wilmington, DE 19805