

Title VI Complaint Form

Name:

Address:

City:

State:

Zip Code:

Home Phone Number with Area Code:

Work Phone Number with Area Code:

Were you discriminated against because of:

Race National Origin Color Other (Explain)

Date of alleged incident:

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of this form.

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

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

Name:

Address:

City:

State:

Zip Code:

Phone Number with Area Code:

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

Signature:

Date:

Please mail this form to: Brazos Transit District • 1759 N. Earl Rudder Freeway • Bryan, Texas 77803