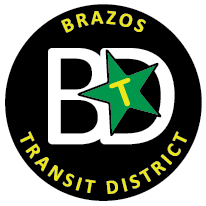
**Brazos Transit District** [www.btd.org](file:///C:\Users\jpenn\Documents\Forms\Website\www.btd.org)

2117 Nuches Ln.

Bryan, Texas 77803

**Title VI Complaint Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | State: | | | | | | | Zip: | | | |
| Electronic Mail Address: | | | | | | | | | | | | |
| Home Phone Number with Area Code: | | | | | | | | | | | | |
| Work Phone Number with Area Code: | | | | | | | | | | | | |
| Accessible Format Requirements? | Large Print | |  | | | | | Audio Tape | | | |  |
| TDD | |  | | | | | 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:** | | | | | | | | | | | | |
| Were you discriminated against because of:  Race  National Origin  Color  Other (Explain) | | | | | | | | | | | | |
| Date of alleged incident: Date | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| **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  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: | | | |
| Phone Number with Area Code: | | | | | | | | | | | | |
| **Section VI:** | | | | | | | | | | | | |
| Name of agency complaint is against: | | | | | | | | | | | | |
| Contact Person: | | Title: | | | | | | | | | | |
| Phone Number with Area Code: | | | | | | | | | | | | |
| Bus Number: | | Route Number: | | | | | | | | | | |

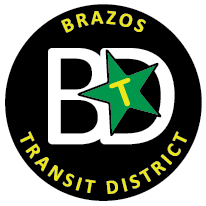
You may attach any written materials or other information that you think is relevant to your complaint.

Sign and Date Required Below.

**I understand that checking this box constitutes a legal signature confirming that the information I have provided above is true and accurate.**

Signature:       Date: Date

**Please mail this form to: Brazos Transit District – 2117 Nuches Ln. Bryan, Texas 77803**

**Brazos Transit District** [www.btd.org](file:///C:\Users\jpenn\Documents\Forms\Website\www.btd.org)

2117 Nuches Ln.

Bryan, Texas 77803

**Titulo VI Queja Forma**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sección I:** | | | | | | | | | | | |
| Nombre: | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | |
| Ciudad: | | Estado: | | | | | | Código postal: | | | |
| Dirección de correo electrónico: | | | | | | | | | | | |
| Numero do teléfono con código de área: | | | | | | | | | | | |
| Teléfono trabajo con LADA: | | | | | | | | | | | |
| ¿Requisitos do formato accesible? | Letra de gran tamaño | |  | | | | Cinta de audio | | | |  |
| TDD | |  | | | | Otros | | | |  |
| **Sección II:** | | | | | | | | | | | |
| ¿Está presentando esta denuncia en su nombre? | | | | Si\* | | | | | No | | |
| \*Si contestaste “si” a esta pregunta, ir a la sección III | | | | | | | | | | | |
| Si no, por favor suministrar el nombre y la relación de la persona para quien se quejan: | | | |  | | | | | | | |
| Por favor explique por qué han presentado por un tercero: | | | | | | | | | | | |
| Por favor confirme que ha obtenido el permiso de la parte agraviada si esta presentando en nombre de un tercero. | | | | | Si | | | | | No | |
| **Sección III:** | | | | | | | | | | | |
| Fueron discriminados por:  Raza  Origen nacional  Color la raza  Otros (explicar) | | | | | | | | | | | |
| Fecha del incidente: | | | | | | | | | | | |
| Explicar lo más claramente posible lo que sucedió y como se discrimino contra. Indicar que estaba involucrado. Asegúrese de incluir los nombres e información de testigos. Si se necesita mas espacio utilice el reverso de este formulario. | | | | | | | | | | | |
| **Sección IV:** | | | | | | | | | | | |
| ¿Usted ha presentado anteriormente una queja del titulo VI con esta agencia? | | | | | | Si | | | | No | |
| **Sección V:** | | | | | | | | | | | |
| Has presentado esta denuncia ante cualquier otro Federal, estado o Agencia Local; ¿o de la Corte Federal o estatal? | | | | | | Si | | | | No | |
| En caso afirmativo, marque todas las que aplican:  Agencia Federal  Tribunal Federal  Agencia  estado corte  Local agencia estatal | | | | | | | | | | | |
| Sírvanse facilitar información sobre una persona de contacto en la Agencia/tribunal donde se presento la queja. | | | | | | | | | | | |
| Nombre: | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | |
| Ciudad: | | Estado: | | | | | | Código postal: | | | |
| Numero do teléfono con código de área: | | | | | | | | | | | |
| **Sección VI:** | | | | | | | | | | | |
| Nombre de denuncia de la agencia está en contra de: | | | | | | | | | | | |
| Persona de contacto: | | Titulo: | | | | | | | | | |
| Numero do teléfono con código de área: | | | | | | | | | | | |
| Numero de bus: | | Numero de ruta: | | | | | | | | | |

Usted puede conectar cualquier material escrito u otra información que crees que es relevante a su queja.

**Entiendo que marcar esta casilla es una firma legal que confirma que la información que he proporcionado anteriormente es verdadera y exacta.**

Firma:       Fecha:

**Envié este formulario a: Brazos Transit District – 2117 Nuches Ln. Bryan, Texas 77803**