



Title VI Complaint Form

Section 1

Name:

Address:

Telephone (Home):

Telephone (Work):

Email Address:

Section 2

Are you filing this complaint on your own behalf? Yes* No

* If you answered "yes" to this question, go to Section 3.

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 3

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

Race

Color

National Origin

Religion

other:

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

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 4

Have you previously filed a Title VI complaint with this agency

Section 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

Which type of Court? _____

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

Name and Title:

Agency:

Telephone:

Section 6

Name of agency complaint is against:

Contact person(s):

Title:

Telephone:

Signature and date required below (If filing out online a Digital Signature will be suffice).

Signature

Date

Please submit this form by email or in person to:

Kendra McGeady
Transit Director, Pelivan Transit
333 South Oak Street
Big Cabin, Oklahoma 74332
pelivandir@grandgateway.org