**TITLE VI COMPLAINT FORM**
**CENTRAL MIDLANDS REGIONAL TRANSIT AUTHORITY (CMRTA)**

CMRTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (803) 255-7133. The completed form must be returned to CMRTA Office Title VI Coordinator, PO BOX 214 Columbia SC 29202

| | |
|---|---|
| Your Name: | Phone: |
| Street Address: | Alt Phone: |
| | City, State & Zip Code: |
| Person(s) discriminated against (if someone other than complainant): Name(s): | |
| Street Address, City, State & Zip Code: | |

Which of the following best describes the reason for the alleged discrimination took place? (Circle one) Date of Incident:_____

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all Metro employees involved if available. Explained what happened and whom you believe was responsible. Please use the back of this form if additional space is required._____
_____
_____
_____
_____
_____
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_____
_____
_____
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_____
_____
_____
_____
_____Complete reverse side of form

Title VI Complaint Form
Central Midlands Regional Transit Authority (CMRTA)

Please describe the alleged discrimination incident (continued)_____

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
If so, list agency / agencies and contact information below:
Agency:_____ Contact Name:_____
Street Address, City, State & Zip Code: Phone:

Agency:_____ Contact Name:_____
Street Address, City, State & Zip Code: Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature: Date:

Print or Type Name of Complainant

Date Received: _____

Received By:_____