

**Goliad County RTransit
Transportation Program
Title VI Civil Rights Written Complaint Form**

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, or national origin may file a written complaint.

Section I –Basic Information

Name: _____

Address: _____

Telephone Numbers: (Home)_____ (Work)_____

Electronic Mail Address(email): _____

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

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

() Race () Color () National Origin

Goliad County RTransit Office Use Only: Date Received:_____.

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

Have you previously filed a Title VI complaint with Goliad County RTransit?

Yes ___ No ___

Have you filed this complaint with any of the following agencies?

Texas Department of Transportation ___ Federal Transit Administration ___ Department of Justice ___ Equal Employment Opportunity Commission ___ Other _____

Have you filed a lawsuit regarding this complaint? Yes ___ No ___

If yes, please provide a copy of the complaint form.

Please sign here: _____ Date: _____

[Note -We cannot accept your complaint without a signature.]

Please mail your completed form to:

Title VI Program Director

Goliad County RTransit

329 W. Franklin St.

Goliad, Texas 77963

Goliad County RTransit Office Use Only: Date Received: _____.

Please indicate type of discrimination complaint(s).

Discrimination on the Basis of Race

Discrimination on the Basis of Color

Discrimination on the Basis of National Origin

Please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. Use additional sheets if necessary.

Goliad County RTransit Office Use Only: Date Received: _____.