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| Section III |
| I believe the discrimination I experienced was based on (circle all that apply) Race _____ Color _____ National Origin _____ Date of alleged discrimination (Month, Day, Year): _____ Explain what happened and why you believe that 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. 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? Circle the appropriate answer - Yes _____ No _____ |
| Section V |
| Have you filed this complaint with any other Federal, State or local agency or with any Federal or State court? Circle the appropriate answer - Yes _____ No _____ If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> Local Agency: _____ <input type="checkbox"/> State Court: _____ Please provide contact information at the agency/court where the complaint was filed: Name _____ Title _____ Phone Number _____ Agency _____ Address _____ |
| Section VI |
| Name of agency complaint is against: _____ Contact person: _____ Title: _____ Telephone Number: _____ |

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

Print your name

Sign your name

Date

Please submit this form in person to:
 Amarillo City Transit
 801 South East 23rd
 Amarillo, Texas 79102

Mail this form to:
 City of Amarillo
 P.O. Box 1971
 Amarillo, Texas 79105

Route 4 stops at the front door

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| Date Received: _____ Received By: _____ |
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