

Civil Rights Complaint Form

Amarillo City Transit (ACT) 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 business days and ADA complaints 90 business days of 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 Transit Director by calling at 806-378-6842. The completed form must be returned to:

Amarillo City Transit
Attention: Transit Director
P.O. Box 1971
Amarillo, Texas 79105

| Section I | |
|---|--------------------------|
| Your Name: | Home Phone: |
| Street Address: | Work Phone: |
| E-Mail Address: | City, State. & Zip Code: |
| Do you need this information in an accessible format? Large Print TDD Audio Tape Other _____ | |
| Section II | |
| Are you filing this complaint on your own behalf: Yes* No *If you answered yes, go to Section III | |
| If no, please supply the name and relationship of the person for whom you are complaining: Name _____ Relationship _____ | |
| Please explain why you have filed a complaint for a third party: _____ _____ | |
| Please print and sign your name acknowledging that you have obtained permission to file this complaint on behalf of the third party Printed Name _____ Signature _____ | |

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:

☐ Federal Agency: _____ ☐ State Agency: _____

☐ Federal Court: _____ ☐ Local Agency: _____

☐ 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:

Mail this form to:

Amarillo City Transit Terminal
509 S. Bowie St.
Amarillo, Texas 79106

Amarillo City Transit
P.O. Box 1971
Amarillo, Texas 79105-1971

Internal Use Only:

Date Received: _____

Received By: _____