

KI BOIS Area Transit System
TITLE VI COMPLAINT FORM

Complaints must be filed within 180 days of the alleged act of discrimination

SECTION I:

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements? (Place X in all that apply)

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 "no", please supply the name and relationship of the person for whom you are filing the complaint for:

Please provide explanation as to why you are filing as a third party:

Please confirm that you have obtained permission to file this complaint.

Yes _____ No _____

SECTION III:

Have you previously filed a Title VI complaint with this agency? Yes _____ No _____

SECTION IV:

Name of agency this complaint is being filed against:

Contact person: _____ Title: _____

Telephone Number: _____

On a separate sheet of paper, 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 relevant to this complaint. Please include the basis of the complaint (race, color, national origin, sex, age, disability or income status)

Please sign here: _____

Date: _____

[NOTE: Your complaint cannot be accepted without your signature on this document]

Please mail your completed form to:

Title VI Coordinator

Charla Sloan

P.O. Box 727

Stigler, OK 74462