

Title VI Complaint Form
LITTLE KANAWHA TRANSIT AUTHORITY
PO BOX 387 GRANTSVILLE, WV 26147
PHONE AND TTY NUMBER 1-866-354-5522

Little Kanawha Transit Authority 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 Officer by calling 1-866-354-5522. The completed form must be returned to **Little Kanawha Transit Authority PO Box 387 Grantsville, WV 26147.**

Name (print): _____

Mailing Address: _____

Phone: _____ **Alt Phone:** _____

Person(s) discriminated against (if someone other than the complainant): _____

Address, City, State & Zip: _____

1. Which of the following best describes the reason for why the alleged discrimination took place?

_____ **Race** _____ **Color** _____ **National Origin (Limited English Proficiency)**

2. Date, time and location of Incident: _____

3. Please describe why you believe discrimination has occurred. Provide names of all transit system personnel involved or responsible, if available. If there are witnesses, please provide names, addresses and telephone numbers. Use the back of this form if additional space is required.

3. (continued)

4. Have you filed a complaint with any other federal, state or local agencies?

_____ Yes _____ No

If yes, please list agency/agencies and contact information below (please use back of form if additional space is needed).

Agency: _____

Address: _____

Contact Person: _____ Phone: _____

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

Signature

Date

System Use ONLY

Date Received: _____

Received By: _____