

## NASHVILLE MTA/RTA TITLE VI COMPLAINT FORM

**Title VI of the 1964 Civil rights Act requires that "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."**

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Coordinator (see below).

### Section I:

Name:

Address:

Telephone (Home)

Telephone (Work)

E-mail Address:

Accessible Format  
Requirements?

Large Print  
Braille

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

Race

Color

National Origin

Date of Alleged Discrimination (MM/DD/YYYY):

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. (If known) Include the name and contact information of the person(s) who discriminated against you as well as names and contact information of any witnesses. If more space is needed please use the back of this form:

**Section IV**

Name of agency or department with which you are filing your complaint:

Name of individual your complaint is against (if known):

Title of individual your complaint is against (if known):

Contact information of individual your complaint is against (if known):

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

**Section V**

Have you filed this complaint with any other Federal, State, or Local agency or with any Federal or State Court?

Yes  No

If yes, check all that apply:

Federal Agency:  State Agency:

Federal Court:  Local Agency:

State Court:

Please give the contact information for a person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

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

**Attachments:**  Yes  No

Signature and date are required below:

\_\_\_\_\_

Signature Date

Submit form and any additional information by mail: *Note: This form may be emailed or faxed however an original copy with the original signature must also be provided*  
Nashville MTA/RTA Fax: (615) 862-4620 attn Miriam Leibowitz  
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