

Title VI Complaint Form

St. Cloud Metropolitan Transit Commission (Metro Bus)

Metro Bus 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 the 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.

For Office Use Only:

Date received: _____

Received by: _____

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Metro Bus Title VI Manager by calling (320) 529-4484. Upon request this document will be provided in alternative formats.

**Return completed form to: Metro Bus Title VI Manager, 665 Franklin Ave. NE, St. Cloud, MN 56304
or via email to: TitleVIManager@stcloudmtc.com.**

Contact Information	
Name: _____	Phone: _____
Address: _____	Alternate phone: _____
Person(s) discriminated against (if someone other than the complainant):	
Name(s): _____	
Address: _____ City, State, ZIP _____	
Complaint	
Please describe the alleged discrimination incident on back side of this form.	
Which of the following best describes the reason for the alleged discrimination took place :	Date of Incident: _____
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Limited English Proficiency)	
Have you filed a complaint with any other federal, state or local agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the information below:	
Agency: _____	Contact Name: _____
Address: _____	City, State, ZIP _____
Agency: _____	Contact Name: _____
Address: _____	City, State, ZIP _____

Continued...

Please describe the alleged discrimination incident. Provide the names and title of all Metro Bus employee involved if available. Explain what happened and whom you believe was responsible.

Confirmation

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

Complainant's Signature

Date

Print or Type Name of Complainant