



PASCO COUNTY PUBLIC TRANSPORTATION (GoPasco)

TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of **race, color, or national origin** in programs and activities receiving Federal financial assistance. Specifically, Title VI provides 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.”

The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for GoPasco, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information GoPasco provides.

GoPasco works to ensure nondiscriminatory transportation in support of our mission to provide effective and efficient management and delivery of public, specialized, and coordinated transportation services in Pasco County. GoPasco's Civil Rights Liaison is responsible for civil rights compliance and monitoring to ensure non-discriminatory provision of transit services and programs.

Complaint No.: _____

Home Number: _____ Email Address: _____

Work Number: _____

Address: _____

City: _____ Zip Code: _____

List type of discrimination (please check all that apply):

Race () National Origin () Color ()

Other _____

Please indicate your race/color, if it is a basis of your complaint: _____

Please describe your national origin, if it is a basis of your complaint: _____

Location where incident occurred: _____

Time and date of incident: _____

Name/Position title of the person who allegedly subjected you to Title VI discrimination:

Briefly describe the incident (use a separate sheet, if necessary): _____

Did anyone else witness the incident? Yes () No ()

List witnesses (Use a separate sheet, if necessary):

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Have you filed a complaint about the incident with the Federal Transit Administration?

Yes () No () If yes, when? _____

Signature

Date