

APPENDIX C
PROWERS AREA TRANSIT
TITLE VI/LEP POLICY

COMPLAINT FORM

SECTION I											
NAME:											
ADDRESS:											
TELEPHONE (HOME):					Telephone (Work):						
E-MAIL ADDRESS:											
Accessible Format		Large Print				Audio Tape					
Requirements:		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 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 the discrimination I experienced was based on (Check All that apply):

Race Color Gender National Origin

Language

Date of Alleged Discrimination (Month, Day, Year):

Explain as clearly as possible what happened and why you believe you were discriminated against

Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

SECTION IV:

Have you previously filed a Title VI and/or LEP 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: _____

Federal Court: _____

State Court: _____

State Agency: _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Contact Person: _____

Title: _____

Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Prowers Area Transit, Title VI Coordinator
407 East Olive Street
Lamar, Colorado 81052

Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Or you can mail this form to the following addresses if you are a senior citizen:

Colorado Department of Human Services
Division of Aging and Adult Services
Attn: Division Director
1575 Sherman Street, 10th Floor
Denver, Colorado 80203

Lower Arkansas Area Agency on Aging
PO Box 494
La Junta, Colorado 81050

Darren Glover
Operation Director, Prowers Area Transit
Facility Coordinator, Lamar Community Resource and Senior Center
Title VI Coordinator, Prowers Area Transit