

**APPENDIX A – TITLE VI COMPLAINT FORM**

Central Transit Rural Transit District (CTRTD) 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 Operations Manager for CTRTD by calling 800-710-2277. The completed form must be returned to Central Texas Rural Transit District, P.O. Box 712, Coleman, Texas 76834.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident: \_\_\_\_\_

Please describe the alleged discrimination incident. Provide the names and title of all CTRTD employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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**TITLE VI COMPLAINT FORM**

Central Texas Rural Transit District

Please describe the alleged discrimination incident (continued)

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Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No  
If so, list agency / agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

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Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*If information is needed in another language, contact 1-800-710-2277*  
*Si necesita información en otro idioma, Contacta con 1-800-710-2277*

Print or Type Name of Complainant

Date Received:
Review By: