

Title VI Complaint Form

Central Texas 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, national origin, sex, age, or disability as provided by Title VI of the Civil Rights Act of 1964, as amended and additional statutes. Title VI complaints must be filed within 180 days from the date of the alleged discrimination. CTRTD Title VI Complaint Procedure is available on CTRTD website (www.cityandruralrides.com) and CTRTD Administrative offices. The following information is necessary to assist CTRTD in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator for CTRTD by calling 1-800-710-2277 ext. 905. The completed form must be returned to Central Texas Rural Transit District, P.O. Box 712, Coleman, Texas 76834.

Section I:	
Name:	
Address:	
Primary Telephone:	
Alternate Telephone:	
Email Address:	
Accessible Requirements:	
Format: Large Print <input type="checkbox"/>	Audio Tape <input type="checkbox"/>
TDD <input type="checkbox"/>	Other <input type="checkbox"/>
Section II:	
Are you filing this complaint on your own behalf?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered "Yes" to this question, go to Section III.	
if you answered "No" to this question please supply the name and relationship of the person whom you are filing the complaint for:	

Section IV:	
Have you previously filed a Title VI complaint with this agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 provide information for a contact person at the agency/court where the complaint was filed.	
Name and 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

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