

# GPTC TITLE VI COMPLAINT FORM

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
BEST PHONE NUMBER TO REACH YOU \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

TYPE OF DISCRIMINATION: RACE  COLOR  NATIONAL ORIGIN

DATE OF INCIDENT: \_\_\_\_\_

EXPLANATION OF INCIDENT. Answer questions such as: what happened? Why do you feel you were discriminated against? Who was involved (If this was on a bus, please state the route and time of day)? Were there witnesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS A COMPLAINT ABOUT THIS INCIDENT BEEN FILED WITH ANOTHER AGENCY?

YES  NO

IF SO, WITH WHAT AGENCY OR AGENCIES? \_\_\_\_\_  
PROVIDE A NAME AND CONTACT NUMBER FOR ANOTHER AGENCY FOR THIS COMPLAINT.

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU FILED A COMPLAINT IN THE PAST? YES  NO

IF SO, WITH WHAT AGENCY? GPTC \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

PLEASE ATTACH ANY OTHER INFORMATION OR MATERIALS YOU THINK ARE RELEVANT TO YOUR COMPLAINT.

YOU ARE REQUIRED TO SIGN AND DATE YOUR COMPLAINT. PLEASE DO SO BELOW.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_