



U.S. Department of Transportation
Federal Transit Administration

Civil Rights Complaint Form

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail your completed form to:

Director: FTA Office of Civil Rights
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590

If you have questions about how to prepare a complaint, you may contact our toll-free FTA Assistance Line at 1-888-446-4511. More information about transit-related civil rights requirements may be found on the FTA's website at www.fta.dot.gov.

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify) _____

I believe that a public transit provider has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify) _____

Section II

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Cell: _____

E-Mail Address: _____

Accessible format requirements:

- Large Print
- Not Applicable
- Other _____

Section III

Are you filing this complaint on your own behalf?

- Yes
- No

(If you answered "yes" to this question, go to Section IV.)

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 IV

Have you previously filed a civil rights complaint with FTA?

- Yes
- No

If yes, what was your FTA Complaint Number? _____

Have you filed this complaint with any of the following agencies?

- Transit Provider
- Department of Transportation
- Department of Justice
- Equal Employment Opportunity Commission
- Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint?

- Yes
- No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue. Section V

Name of public transit provider complaint is against:

Contact person _____ Title _____

Telephone number _____

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes

No

Note: We may be unable to investigate your allegations without permission to release by our identity and complaint.

Please sign here: _____ Date: _____

Note: We cannot accept your complaint without a signature.