



Title VI Complaint Form

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Mail form to:

JCBS
Attn: Executive Director
200 N Devasher Rd
Warrensburg, MO 64093

Or email to:

mfrey@jcmbs.org

Or fax to:

(660)851-8006

1. **Complainant's Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

How do you prefer to be contacted?

Phone

Email

2. **Accessible Format of Form Needed?**

Large Print

Audio Tape

TDD

Other (please specify) _____

3. **Are you filing this complaint on your own behalf?**

Yes (If YES, please go to Question 7)

No (If NO, please complete Question 4, Question 5 and Question 6)

4. **If you answered NO to Question 3 above, please fill out these sections.**

Name of Person Filing Complaint: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

How do you prefer to be contacted?

Phone

Email

5. **What is your relationship to the person for whom you are filing the complaint?** _____

6. **Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third Party.**

Yes, I have permission.

No, I do not have permission.

7. **I believe that the discrimination I experience was based on (check all that apply)**

Race

Color

National Origin (classes protected by Title VI)

Other (please specify) _____

8. **Date of Alleged Discrimination** (Month, Day, Year) _____

9. **Where did the Alleged Discrimination take place?** _____

10. **Explain as clearly as possible what happened and why you believe that you were discriminated against.**

(Describe all persons involved. Include name and contact information of person(s) who discriminated against you, if known.)

11. **Please list any and all witnesses' names and phone numbers/contact information.**

12. **What type of corrective action would you like to see taken?** _____

13. Have you filed a complaint with any other federal, state or local agencies, or with any federal or state courts?

Yes (If YES, check all that apply and answer Question 14)

No (If NO, jump to the signature and date section below.)

Federal Agency (List agency's name) _____

Federal Court (Please provide location) _____

State Court _____

State Agency (Specify Agency) _____

County Court (Specify Court and County) _____

Local Agency (Specify Agency) _____

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

Name: _____

Title: _____

Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

You may submit any written materials or other information that you think is relevant to your complaint.

Signature and date is required.

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required here:

Signature

Date