



# Title VI | Civil Rights Complaint Form

## Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone (Home): \_\_\_\_\_ Telephone (Alternate): \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

If you require accessible format(s), please check the appropriate box(es):

Large Print  Audio Tape  TDD  Other, please specify \_\_\_\_\_

## Section 2

Are you filing this complaint on your own?  Yes (If yes, Go to Section 3)  No (If no, go to next line)

Please provide the name and address of the person who alleges discrimination:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Please explain why you are filing this claim for a third party:

Please confirm that you have obtained permission.  Yes  No

## Section 3

I believe that the discrimination experienced was based on (check all that apply):

Race  Color  National Origin (includes Limited English Proficiency)  Disability

Date of alleged discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved and include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of the form or another sheet of paper.

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

## Section 4

Have you previously filed a complaint with Capital Area Transit (CAT)?  Yes  No

## Section 5

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 and provide the name of the agency or court:  Federal

Agency: \_\_\_\_\_  Federal Court: \_\_\_\_\_  State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_  Local Agency: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Section 6

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

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief. **Signature and date required.**

Complainant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form and any additional materials in person or mail to: Civil Rights Coordinator, Human Resources Department, Capital Area Transit, 901 N. Cameron Street, Harrisburg, Pennsylvania 17101

Si se necesita información en otro idioma, por favor llame al (717-233-5657).

Capital Area Transit's use only: Date Received: \_\_\_\_\_ Person receiving complaint: \_\_\_\_\_