

Title VI Complaint Form
Regional Transit Authority/RIDES

RTA/RIDES 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 or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Director of Operations at RTA/RIDES by calling (800) 358-5037. The completed form must be returned to Director of Operations, RIDES, P.O. Box 1240, Spencer, IA 51301.

NAME:

DAYTIME PHONE:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAN COMPLAINANT):

NAME:

DAYTIME PHONE:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES? (CHECK ONE)

Yes

No

IF YES, LIST AGENCY/AGENCIES AND CONTACT INFO:

AGENCY:

CONTACT NAME:

ADDRESS:

PHONE NUMBER:

AGENCY:

CONTACT NAME:

ADDRESS:

PHONE NUMBER:

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.

COMPLAINANT'S SIGNATURE **DATE**

PRINT OR TYPED NAME OF COMPLAINANT

DATE RECEIVED: _____

RECEIVED BY: _____