

**Toledo Area Regional Transit Authority
Non-Discrimination and Title VI Complaint Form**

NAME (Complainant):	PHONE: ()
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HOME ADDRESS (Include City, State and ZIP):	E-MAIL (If Applicable):
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If applicable, name of persons who allegedly discriminated against you:

Basis of Non-Discrimination and/or Title VI Action(s) (Check all that might apply):

Non-Discrimination:	Title VI:
<input type="checkbox"/> Sex	<input type="checkbox"/> Race
<input type="checkbox"/> Age	<input type="checkbox"/> Color
<input type="checkbox"/> Disability	<input type="checkbox"/> National Origin

Date of Alleged Incident:	Location and position of person(s) who alleged discriminated against you if known:
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Explain briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Please attach additional pages as needed or any additional written material about your complaint.

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What do you believe these events occurred?

What other information do you think is relevant to this complaint?

How can this issue or issues be resolved to your satisfaction?

Please list below the names, addresses, phone numbers and job titles of person(s) we may contact for additional information about your complaint (witnesses, fellow employees, supervisors, others):

NAME	ADDRESS	PHONE NUMBER	JOB TITLE

Signature:

Date:

All language assistance services for Toledo Area Regional Transit Authority programs and services, including paratransit functional assessments and paratransit eligibility appeals, are provided to the public at no charge.