TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “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 you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and sent it to:

**Pullman Transit**
Title VI Coordinator
775 NW Guy St
Pullman WA 99163
509-332-6535
509-332-6590 (fax)

Please print clearly:
Name: __________________________________________________________________
Address: __________________________________________________________________
City, State, Zip Code: __________________________________________________________________
Telephone Number: ____________(home) ____________(cell) ____________(message)
Person discriminated against: ____________________________________________
Address of person discriminated against: ______________________________________
City, State, Zip Code: ______________________________________________________

Please indicate why you believe the discrimination occurred:
_____ Race or color
_____ National origin
_____ Income
_____ Other

What was the date of the alleged discrimination? ____________________________

Where did the alleged discrimination take place? ____________________________
Please describe the circumstances as you saw it: ________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
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________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Please list any and all witnesses’ names and phone numbers:
_________________________________ _________________________________
_________________________________ _________________________________
_________________________________ _________________________________
_________________________________ _________________________________
_________________________________ _________________________________
_________________________________ _________________________________
_________________________________ _________________________________
_______________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
What type of corrective action would you like to see taken?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at the address listed on page 1 of this document.

_________________________________
Your signature

_________________________________
Print your name

_________________________________
Date