B.G. Transit Title VI (Discrimination) Complaint Form

Title VI of the Civil Rights Act of 1964 states "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."

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Email Address:		L			
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to the	nis question, go to Sectio	n III.			
If not, please supply the name and relationship of the person for whom you are complaining:					
Please explain why you ha	ve filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No	
Section III:					
I believe the discrimination	I experienced was based	d on (check	all that apply):		
[] Race [] Co	olor [] National Origin				
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. 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 next page.					
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Ocation IV				
Section IV				
Have you previously filed a Title VI complaint with this		Yes	No	
agency?				
Section V				
Have you filed this complaint with any other Federal, or State court?	State, or lo	ocal agency, or v	vith any Federal	
[] Yes [] No				
If yes, check all that apply:				
[] Federal Agency:				
ederal Court [] State Agency				
Please provide information about a contact person a	t the agenc	y/court where th	e complaint was	
filed.	J	•	·	
Name:				
Title:				
Agency:				
Address:				
Telephone:				

Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	
You may attach any written materials or other information that yo complaint.	u think is relevant to your
Signature and date required below.	
Signature	Date

Please submit this form in person at the address below, or mail this form to:

Martha Woelke, Title VI Coordinator 304 N. Church Street Bowling Green, OH 43402