

Title VI Complaint Form

Winona Transit - Title VI Civil Rights Discrimination Complaint Form

Part I: Contact information	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
E-Mail Address:	
Part II: Basis of Discrimination	
<p>I believe the discrimination I experienced was based on (check all that apply):</p> <p><input type="checkbox"/> Race/Color/National Origin</p> <p><input type="checkbox"/> Color</p> <p><input type="checkbox"/> National Origin</p>	
Part III: Information of Allegedly Offending Individual(s) and Complaint	
<p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <p>Bus System/ route: _____</p> <p>Name of bus system employee/ job title: _____</p> <p>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 attach another page.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Part IV: What is Your Desired Outcome?

Briefly explain how you would like to have this matter addressed.

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

Signature and date required below

Part V: Verification and Signature

In signing this complaint, I verify that, to the best of my knowledge, everything that I have stated in this form is true and accurate.

Signature

Date

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

Winona City Clerk's Office
207 Lafayette Street
PO Box 378
Winona, MN 55987