## **TITLE VI COMPLAINT FORM**

Any person who believes that he or she has been discriminated against by Valley Metro or any of its service providers, and believes the discrimination was based upon race, color or national origin may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at (602) 253-5000/TTY: (602) 251-2039, or email at csr@valleymetro.org.

Section I: Customer Information		
Name:		
Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	Cell Phone:
Email Address:		
Section II: Incident Information		
Date of Incident:	Time of Incident:	AM/PM City:
Incident Location: Direction of Travel:		
Route #: Bus/Light Rail #:		
Service Type: ☐ Local ☐ LINK ☐	Express/RAPID	rculator/Connector Dial-a-Ride
Operator Name:		
Operator Description:		
What was the discrimination based on? (Check all that apply)		
□ Race □ Color □ National Origin □ Limited English Proficiency □ Other:		
		st. Describe all persons who were involved. Include the name mes and contact information of any witnesses. If more space is
Have you filed this complaint with the Federal Transit Administration?		
Have you filed this complaint with the Federal Transit Administration?		
Name:	person at the rederal fransit Administration w	Title:
Address:		Telephone:
		тетернопе.
Have you previously filed a Title VI complaint with this agency:		
You may attach any written materials or other information that you think is relevant to your complaint.		
Signature and date required below:		

Signature

Date