



Title VI and ADA Complaint Form

Please mail the signed form to:

Citibus, Director of Human Resources, 801 Texas Ave, Lubbock, Texas 79401

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First Name	MI	Last Name	
Street Address	City	State Zip Code	
Telephone Number (Including Area Code)	Best Time to Call		
Alternate Telephone Number (Including Area Code)	Best Time to Call		
Race	Color	Gender	National Origin

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Who do you believe discriminated against you? (Respondent(s))

First Name	MI	Last Name
Name of Business	Position/Title	
Street Address	City	State Zip Code
Respondent's relationship to you		

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When did the alleged act(s) of discrimination occur?

Please list all applicable dates in mm/dd/yyyy format.

Dates: _____

Is the alleged discrimination ongoing? Yes No

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Where did the alleged act(s) of discrimination occur?

Name of Place			
Street Address	City	State	Zip Code

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Indicate the basis(es) of your complaint of discrimination (race, color, national origin, disability)

- Race Color National Origin Disability

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Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination. Describe each incident of discrimination separately. Attach additional pages as necessary

Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please explain.

Please explain how other persons or groups of persons were treated differently by the person(s) who discriminated against you.

Please list and describe all documents, emails or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the described above or persons who have personal knowledge of information pertaining to your complaint.

Have you previously reported or otherwise complained about this incident or related acts of discrimination? If so, please identify the individual to whom you made the report, the date on which you made the report and the resolution.

Please explain any additional information pertaining to the alleged discrimination.

Please describe any affects you have suffered because of the alleged discrimination.

Please describe the remedy you are seeking as a result of filing this complaint.

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If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.

First Name

MI

Last Name

Name of Business

Position/Title

Telephone Number

Street Address

City

State

Zip Code

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This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s). Additionally, this office will need your consent to disclose your name, if necessary, in the course of your inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that I have indicated I will be assisted by an advisor on this form, my signature below authorizes that named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Signature

Date



**Title VI and ADA Complaint Form
For Title VI and ADA Complaints filed with Citibus**

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First Name	MI	Last Name	
Street Address	City	State	Zip Code

As a complaint, I understand that in the course of an investigation it may become necessary for me to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of Citibus to honor requests under the Freedom of Information Act. I understand that it may be necessary for Citibus to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by Citibus policies and practices from intimidation or retaliation for having taken action which are enforced by the Federal Transit Administration of the U.S. Department of Transportation.

Please check one:

I CONSENT and authorize to have Citibus, as a part of its investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize Citibus to disclose, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

I DENY CONSENT to have Citibus reveal my identity to persons at the organization, business or institution under investigation. I also deny consent to have Citibus disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing Citibus to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature

Date