

MTA TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "No person in the United States, on the grounds of race, color, or nation 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 send it to:

Mason Transit Authority
Operations Compliance Coordinator
790 E. Johns Prairie Road
Shelton, WA 98584
(360) 426-9434
(360) 426-0899 (Fax)

PLEASE PRINT CLEARLY

Name:

Address:

City, State, Zip Code: _____

Telephone Number : _____ (home) _____ (cell) _____ (message)

Address of person discriminated against: _____

City, State, Zip Code: _____

Please Describe 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? _____

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Operations Compliance Coordinator at the address on the previous page of this document.

Signature: _____ Date: _____

Please print your name: _____