

# Title VI Complaint Form

## Winona Transit - Title VI Civil Rights Discrimination Complaint Form

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