TITLE VI COMPLAINT FORM

Complaints must be in writing and filed with Active Re-Entry’s Director or the UDOT Title VI Coordinator within 180 calendar days following the date of the alleged discriminatory occurrence. Complainant has a right to representation; file a written complaint with FTA, Regional Civil Rights Officer, and complainant has the option to remain anonymous or to seek assistance in filling out the complaint form.

Your Name ____________________________ Date of Filing ____________________

Your Address __________________________________________________________________

Work Phone ___________ Home Phone ___________ Cell Phone ___________

FTA recognizes race, color and national origin as basis for Title VI complaints. Indicate on what ground(s) you believe you were discriminated against by checking the applicable boxes below:

☐ Race  ☐ Color  ☐ Nat. Origin

Explain why you believe discrimination has taken place. Please provide date(s), time(s), and location(s) of discrimination. Please provide witness name(s), address(es), and telephone number(s). Please provide name(s) and work location(s) of person(s) you believe responsible for the discrimination. Explain the resolution you request. (Use additional sheets of paper if needed.)

__________________________________________________________________________

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__________________________________________________________________________
Indicate the person(s) who are alleged to be responsible.

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<th>Name(s)</th>
<th>Agency</th>
<th>Work Location (if known)</th>
<th>Classification (if known)</th>
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What Remedy? Requested Action? And/or Adjustment you are requesting? Please be specific. Use additional sheets as necessary.

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Your Signature __________________________________________ Date __________________________