

Title VI Complaint Form CobbLinc

The purpose of this form is to assist you in filing a complaint with CobbLinc. You are not required to use this form; a letter containing the same information will be sufficient. It is important, however, to include all information related to items marked with a star (*), whether or not the form is used.

1.* State your name and address

Name: _____

Address: _____

Telephone Number: Home: _____ Work: _____

2.* Person discriminated against if different from above:

Name: _____

Address: _____

Telephone Number: Home: _____ Work: _____

Please explain your relationship to this person(s):

3." Agency or program that discriminated:

Name: _____

Any individual (if known): _____

Address: _____

Telephone Number: _____

4A." Non-Employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the transit system in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female).

Race/Color: _____

National Origin: _____

Sex: _____

Religion: _____

Age: _____

Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the transit system? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "National Origin: Canadian").

Race/Color: _____

National Origin: _____

5. What is the most convenient time and place for use to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone Number: _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name of attorney: _____

Address of attorney: _____

Telephone number of attorney: _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case). _____

10. The laws we enforce prohibit recipients of federal funds programmed through the transit system from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation. _____

11. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name _____ Address _____ Area Code/Telephone Numbers _____

12. Do you have any other information that you think is relevant to our investigation of your allegations? _____

13. What remedy are you seeking for the alleged discrimination? _____

14. Have you (or the person discriminated against) filed the same or any other complaints with other agencies such as the Federal Transit Administration Office of Civil rights, etc.?

Yes No

If so, do you remember the complaint number? _____

Against what agency and department or program was it filed? _____

Address: _____

Telephone Number: _____

Date of filing: Agency: _____

Briefly, what was the complaint about? _____

What was the result? _____

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following? _____

U.S. Equal Employment Opportunity Commission

Federal or State Court

Your State Equal Opportunity Office and/or local Office of Human Rights

16. If you have already filed a charge or complaint with an agency indicated in #15 above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date Filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____
Name of Investigator: _____
Status of Case: _____
Comments: _____

17. How did you learn that you could file this complaint? _____

18.* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us. Please mail the completed, signed Discrimination Complaint Form (please make one copy for your records) to:

CobbLinc
Attn: Transit Operations Manager
463 Commerce Park Drive
Suite 112
Marietta, GA 30060
770-528-1610
e-mail: TitleVI@cobbcounty.org