



SouthWest Transit

14405 W 62<sup>nd</sup> St • Eden Prairie, MN • 55346

Phone: 952-949-2287 • Fax:952-974-7994 • Email: CustomerService@swtransit.org

### Exhibit C: Title VI Discrimination Complaint Form

#### PART I—COMPLAINANT INFORMATION (Print all items legibly)

Name		Telephone
Mailing Address		
City	State	Zip Code

Are you filing this complaint on your own behalf (if yes, go to Part III)?

Yes  No

#### PART II—THIRD PARTY INFORMATION

Name		Telephone
Mailing Address		
City	State	Zip Code

Please explain why you have filed for a third party (If additional space is needed, please attach extra sheets)

Have you obtained permission of the complainant to file this complaint on their behalf?

Yes  No

#### PART III—COMPLAINT INFORMATION

The discrimination I experienced was based on (check all that apply)

Race  Color  National Origin

Other, please specify \_\_\_\_\_

When did the alleged discrimination take place (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Please 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 additional space is needed, please attach extra sheets)

**PART IV—RESOLUTION**

How can this be resolved to your satisfaction?

## PART V—COMPLAINT FILED WITH OTHER AGENCIES

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes

No

If yes, check each that applies:

\_\_\_ Federal Agency

\_\_\_ Federal Court

\_\_\_ State Agency

\_\_\_ State Court

\_\_\_ Local Agency

If you filed this complaint elsewhere, please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PART VI—SIGNATURE

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_