



## Title VI Complaint Form

### Capital Metropolitan Transportation Authority

CapMetro is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact the Title VI Officer at (512) 369-6255 or [titlevicomplaints@capmetro.org](mailto:titlevicomplaints@capmetro.org). The completed form must be returned to CapMetro, ATTN: Title VI Complaints, 2910 E. 5<sup>th</sup> Street, Austin, TX 78702.

#### SECTION 1

Your Name

E-mail address

Daytime phone

Evening phone

Address

Accessible format requirements (select all that apply):

- Large print
- Audio tape
- TDD
- Other (specify): \_\_\_\_\_

Are you filing this complaint on your own behalf? Yes \_\_\_\_ No \_\_\_\_

If yes, go to SECTION 2.

If not, please supply the following information

- Name of person for whom you are complaining \_\_\_\_\_
- Relationship to you \_\_\_\_\_
- Please explain why you have filed for this person \_\_\_\_\_

- Please confirm that you have obtained the permission of this person to file this complaint on their behalf. Yes \_\_\_\_ No \_\_\_\_

SECTION 2

Date of incident: \_\_\_\_\_

Which of the following best describes the reason the alleged discrimination took place? (Check one)

- Race
- Color
- National Origin (including limited English proficiency)

Please describe the alleged discrimination incident. Include any specific details if available including names, dates, times, route numbers, witnesses and any other information that would assist us in our review of your complaint. Explain what happened and whom you believe was responsible. Please use additional pages if additional space is required.

Have you filed a complaint with any other federal, state or local agencies? Yes \_\_\_\_ No \_\_\_\_ .  
If yes, please provide the following information:

- Agency Name: \_\_\_\_\_
- Agency Address: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Phone: \_\_\_\_\_

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

*For internal use only:*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_