



Title VI Complaint Form

If you wish to submit a Title VI Complaint to the Stark Area Regional Transit Authority, please fill out the form below and send it to:

Customer Relations Supervisor
1600 Gateway Blvd NW
Canton, OH 44707
(330) 454-5476 ~ Fax

For a full copy of SARTA's Title VI procedures, or for questions about this process, please call (330) 477-2782 and speak to the Customer Relations Supervisor.

Complainant Last Name	First Name	MI
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Address	City	State	Zip
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If applicable, name and title of person(s) who allegedly discriminated against you

Location where the alleged incident took place

Date of alleged incident (or date range if activity took place on more than one date)

Is this activity still on-going: Yes No

Discrimination was based on:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex (includes Sexual Harassment) | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disabled Veteran | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Age | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Creed/Religion |
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In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently.

Please list below any person(s) we may contact for additional information to support or clarify your complaint

Have you filed this complaint with any other federal, state, or local agency or with any federal or state court? Yes No

If yes, please check all that apply:

Federal Agency Federal Court State Agency State Court Local Agency

Please provide the name and phone number of the contact person at the agency/court where the complaint was filed:

Please sign below. You may attach any written or other information that you think is relevant to your complaint.

Signature

Date