

## 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:

Director of Development and Special Projects 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 Director of Development and Special Projects

Complainant Last	Name	First Name		MI
Address		City	State	Zip
If applicable, name	and title of per	rson(s) who allegedly dis	scriminated a	against you
Location where the	alleged inciden	nt took place		
Date of alleged inci	dent (or date ra	ange if activity took plac	ce on more th	an one date)
Is this activity still	on-going:	Yes No		
Discrimination was	s based on:			
☐ Race ☐Color	Sex (include	es Sexual Harassment)	☐ Vietnan	n Era Veteran
☐ National Origin	Sexual Orientation		☐ Disabled Veteran	
☐ Disability	Age	Retaliation	Creed/l	Religion

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