

ADA and Title VI Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the grounds of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Liberty Transit assures that no person shall on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, Federal Transit Laws, 49 CFR Part 21 Unlawful Discrimination, Nondiscrimination In Federally-Assisted Programs of the Department of Transportation and as per written guidance under FTA Circular 4702.1B, dated October 2012, be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency.

The Environmental Justice component of Title VI guarantees fair treatment for all people. Liberty Transit is required to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations. Liberty Transit is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information Liberty Transit provides.

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. Should you require assistance in completing this form, please let us know. Once completed, return a signed copy to:

Liberty Transit
Attn: Mr. Theodis Jackson
115 East MLK Jr. Drive
Hinesville, GA 31313

Phone: 912-877-1472 Georgia Relay: 711 Fax:912-369-2416

Note: To protect your rights, your complaint must be filed within **180** days of the occurrence. Failure to file within **180** days may result in dismissal of the complaint.

Complainant's Name: _____

Address: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

City: _____ State: _____ Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Person discriminated against (if someone other than Complainant)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Upon what premise is your discrimination complaint based? (check all that apply)

Race/Color

Religion

Disability

National Origin

Gender

Limited English Proficiency (LEP)

Date of alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible.
(For additional space, attach additional sheets of paper or use back of the form) _____

Where did the incident take place? Please provide location, time, bus number etc.? _____

Witnesses? Please provide their contact information.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

How can this complaint be resolved (how can the problem be corrected)? _____

Did you file this complaint with another federal, state, or local agency or with a federal or state court? (*check the appropriate space*) Yes No

If your answer is yes, check each agency with which a complaint was filed:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

Please provide contact information for the agency you also filed the complaint with: _____

Date of Filing: _____

If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require.

Braille Large Print (specify the font size) _____ CD (compact disk)

Sign Language Interpreter (specify language) _____

Language Interpreter (specific language) _____

Sign the complaint in space below. Attach any documents you believe supports your complaint.

Complainant's Signature

Signature Date

Office use only:

Date received: _____

by: _____