



CITY OF EVANSVILLE
Metropolitan Evansville Transit System

601 John Street

Evansville, IN 47713

Phone (812) 435-6166

Fax (812) 435-6159

TDD/Hearing Impaired - please use Relay Indiana 1-800-743-3333

Title VI Civil Rights -- Complaint Form

Section I

Name: _____

Address: _____
Street City State Zip

Telephone Numbers:

Home: _____ Work: _____ Other: _____

E-Mail Address: _____

Accessible Format Requirements?

Large Print: Yes _____ No _____ Audio Tape: Yes _____ No _____

TDD: Yes _____ No _____ Other: _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

Section II:

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

(If you answered "yes" to this question, go to Section III)

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes _____ No _____

What is the basis for your complaint? Race _____ Color _____ National Origin _____

Section III

Have you previously filed a Title VI complaint with City of Evansville or METS? Yes _____ No _____

If yes, what was your City of Evansville or METS Complaint date? _____

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

Have you filed this complaint with any of the following agencies? Yes _____ No _____

(If you answered yes, who did you file the complaint with?)

Federal Transit Administration: _____ U. S. Department of Transportation: _____

Indiana Dept. of Transportation: _____ Department of Justice: _____

Equal Employment Opportunity Commission: _____ The City of Evansville and or Transportation and Services: _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

If yes, please provide a copy of the complaint form. (Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the Court.

Section IV:

Complaint is against: _____

Contact Person: _____ Title: _____

Telephone Number: _____

Attached a blank sheet of paper to describe your complaint. Please use additional sheets if necessary.

Section V:

Please sign here: _____ Date: _____

(Note: We cannot accept your complaint without a signature)

Please mail your completed form to:

**Metropolitan Evansville Transit System
Title VI - Civil Rights Official
1 NW M.L. King Jr. Blvd Room 321
Evansville, Indiana 47708**

COMPLAINT DESCRIPTION

(You should include specific details such as names dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations.) Use additional paper as needed.