

ALL ABOARD AMERICA!

**TITLE VI (Civil Rights)
Complaint Form**

All Aboard America! operates its services without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with All Aboard America!

Title VI complaints must to be filed within 180 days from the date of the alleged discrimination,

If you need assistance completing this form, please contact our office by phone 432-561-8529. The following information is necessary to assist us in processing your complaint.

Section I

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____

TDD _____ Other _____

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:

Section III

Have you previously filed a Title VI complaint with FTA? Yes____ No____

If yes, what was your FTA Complaint Number? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider _____ Department of Transportation _____

Department of Justice _____ Equal Employment Opportunity Commission _____

Other _____

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

Name of public transit provider complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. 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. Please also provide any other documentation that is relevant to this complaint.

Section V

May we release a copy of your complaint to the transit provider?

Yes ____ No ____

May we release your identity to the transit provider?

Yes ____ No ____

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

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

Please mail your completed form to: All Aboard America!, 10615 W Co Rd 127, Odessa, TX 79765

Please print your name _____

Please sign your name _____

Date _____

Mail your completed form to:

All Aboard America!

10615 W Co Rd 127

Odessa, TX 79765

**If information is needed in another language, contact 800-628-1335
Si necesita información en otro idioma, Contacta con 800-628-1335**