



## 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 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: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Email 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 111.]

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 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:

Agency name: \_\_\_\_\_

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.]

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**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: \_\_\_\_\_

*If information is needed in another language, contact 800-628-1335.*

*Si necesita informacion en otro idioma, Contacta con 800-628-1335.*