

Appendix A Title VI Complaint Form

UPTD Title VI / ADA Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant's Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Person Discriminated Against (If someone other than complainant):

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Which of the following best describes the reason you believe the discrimination took place:

Race/Color (Specify): _____ National Origin (Specify): _____ Age: _____

Religion _____ Sex _____ Disability: _____

On what date(s) did the alleged discrimination take place? _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, please add a sheet of paper):

List names and contact information of persons who may have knowledge of the alleged discrimination:

Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court? Check all that apply.

Federal Agency _____ Federal Court _____ State Agency _____
State Court _____ Local Agency _____

Please provide information about contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Work): _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant Signature _____ Date _____

Attachments: Yes _____ No _____

Submit form and any additional information to:

Umpqua Public Transportation District
Title VI / ADA Compliance Manager
3076 NE Diamond Lake Blvd.
Roseburg, Oregon 97470
Phone: (541) 671-3691
Fax: (541) 229-0036