



Title VI Complaint Form

Title VI of the 1965 Civil Rights Act requires that “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.”

If you feel that you have been discriminated against based on one of the characteristics noted above, you have the right to file a complaint.

To submit a Title VI complaint, please fill out this form and return it to: PARTA, **Attn: Title VI Administrator, 2000 Summit Rd., Kent, OH 44240**. You may also fax the form to our fax line: **330-676-6310, Attn: Title VI Administrator** or you may email the form to **customerservice@partaonline.org**.

1. Full Name (Complainant): _____

2. Phone (with area code): _____

3. Home Address (Street #, City State, ZIP): _____

4. Person discriminated against (if someone other than the complainant)

Name: _____

Address _____

City: _____ State: _____ ZIP: _____

5. Which of the following best describes the reason you believe the discrimination took place?

- Race Color National origin

6. What date did the alleged discrimination take place? _____

7. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use additional paper if additional space is required.

8. Have you filed this complaint with any other federal, state, or local agency: or with any federal or state court?

YES NO

If yes, please place a mark next to each agency that applies

Federal agency Federal court
 State agency State court

9. Please provide the name and phone number of the contact person at the agency or court where the complaint was filed:

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

Complainant's Signature

Date

FOR OFFICE USE ONLY:

Date complaint received: _____

Investigator: _____