



Title VI Complaint Form

Title VI of the 1964 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 **CustService@PARTAonline.org**.

1. Full Name (Complainant): _____

2. Phone (with area code): _____

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

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

- Race Color National origin

6. Date and location of the alleged incident (or date range if activity took place on more than one day). If applicable, name and title of person(s) who discriminated against you:

7. In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently. Please use additional paper if more space is required.

8. Please list any person(s) we may contact for additional information to support or clarify your complaint.

9. 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

10. 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: _____