



SPRINGFIELD MASS TRANSIT DISTRICT

Title VI & General Discrimination Complaint Form

Section I

Name:

Address:

Telephone: ( ) -

Accessible Format requirements? (Circle) Large Print TDD Audio Tape Other:

Section II

Are you filing this complaint on your own behalf? Yes \* No \* if yes go to Section III

Name & Relationship of the person for whom you are filing the complaint:

Please explain why you have filed for a third party:

You do or do not have permission from the aggrieved third party to file complaint.

Section III - Title VI

I believe the discrimination I experienced was based on (check all that apply): [ ] Race [ ] Color [ ] National Origin OR

Section IIIa - General

I believe the discrimination I experienced was based on (check all that apply): [ ] Disability [ ] Other (indicate)

Date of Alleged Discrimination (Month, Day, Year): \*\* (see below)

Explain as clearly as possible what happened & why you believe you were discriminated against. Describe all persons who were involved. Include the name & contact information of the person(s) who discriminated against you (if known) as well as names & contact information of any witnesses. If more space is needed, please use the back of this form.

\*\* SMTD investigates complaints received no more than 180 days after the alleged incident.

Continue on back >>>

Section IV

Have you previously filed a Title VI complaint with SMTD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Section V

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

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

Name:

Title:

Agency/Court:

Telephone:

Section VI

Printed name:

Signature:

Date:

*Form must be signed and dated*

Include additional information here (or attach additional sheet, as needed, indicate below)

\_\_\_\_\_ Check here if an additional sheet is attached

\*\*\* FOR OFFICE USE ONLY\*\*\*

Received by:

Date:

Please submit this form in person or mail to:

Sangamon Mass Transit District  
928 S 9th Street  
Springfield, IL 62703-2496