SANGAMON MASS TRANSIT DISTRICT

Title VI Complaint Form

Section I
Name:
Address:
Telephone: ( ) -
Accessible Format requirements? ☐ 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
I believe the discrimination I experienced was based on (check all that apply): ☐ Race ☐ Color ☐ National Origin
Date of Alleged Discrimination (Month, Day, Year): _____
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Please continue on next page.

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, Sate 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:

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