

Complaint Form

A complaint may be submitted in writing that contains the following information:

- a. The complaint form may be obtained from our local office, website, or from the transit drivers. If information is needed in another language, call (903)872-2405 or 1(800)834-1924.
SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 o 1(800)834-1924.
Office: Community Transit Services
302 Hospital Drive
Corsicana, Texas 75110
Website: www.csicorsicana.org
- b. Name, address, and telephone number of the complainant.
- c. Names of person(s) who allegedly discriminated against you, if known.
- d. Date(s) of alleged discrimination.
- e. Location of alleged incident.
- f. Type of alleged discrimination.
- g. Explain what happened and how you believe you were discriminated against.
- h. Name, addresses and telephone numbers of person who may have knowledge of the event.
- i. What other information do you have that you believe is relevant to this investigation?
- j. Have you filed a complaint with CTS before? If so, include: when, where and how.
- k. Complainant's signature and date.
- l. The complaint may be emailed to kragan@csicorsicana.org or mail to CTS at P.O. Box 612, Corsicana, Tx.75151-0612, or faxed to 1(903)875-3779.

Exhibit B

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground 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."

The following information is necessary to assist in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Complaint Coordinator. If information is needed in another language, call (903)872-2405 or 1(800)834-1924. **SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 o 1(800)834-1924.** Complete and return this form to: Community Transit Service, Title VI Complaint Coordinator, P.O. Box 612, Corsicana, Texas 75151-0612. You may also fax a complaint form to 1(903)875-3779 or scan and e-mail to kragan@csicorsicana.org.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (Home): _____

(Alt): _____

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

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

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

Were you discriminated against because of: (check one)

a. Race/Color: Yes ____ No ____

b. National Origin: Yes ____ No ____

7. What date and time did the alleged discrimination take place? _____

8. Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. Please use the back of this form if additional space is required:

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?
Yes _____ No _____

If so, list agency/ agencies and contact information below

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

a. Agency: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

b. Agency: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

11. I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainants Signature: _____ Date: _____

Print or Type Name of Complainant

Date Received: _____

Received By: _____