

## **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](http://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](mailto: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 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 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](mailto: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: Yes \_\_\_\_ No \_\_\_\_

b. Color: Yes \_\_\_\_ No \_\_\_\_

b. National Origin: Yes \_\_\_\_ No \_\_\_\_

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

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

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:

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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.

Print Name of Complainant: \_\_\_\_\_

Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_