

## Appendix C      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.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and sent it to:

Provide address here

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_(home) \_\_\_\_\_(cell) \_\_\_\_\_(message)

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

\_\_\_\_\_ race

\_\_\_\_\_ color

\_\_\_\_\_ national origin

\_\_\_\_\_ other

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw it: \_\_\_\_\_

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Please list any and all witnesses' names and phone numbers:

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What type of corrective action would you like to see taken?

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Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

**Title VI Coordinator  
City of McAllen  
1501 W. Business Hwy 83, STE 110  
McAllen, TX 78501**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

**Si necesita esta informacion en Español favor de llamar al 956-681-3510.**