

CITY OF SIDNEY
SHELBY PUBLIC TRANSIT
TITLE VI COMPLAINT FORM
Title VI Coordinator: (937) 498-8151

Section I: Contact Information

Name:

Address:

Telephone (Home): (Cell): (Work):

Email Address:

Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	

Section II: Complainant Details

Are you filing this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III: Complaint Details

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 attach an additional page or pages.

Section IV: Past Filings

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V: Filing Details

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 Court _____ Local Agency: _____

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

Name:

Title:

Agency:

Address:

Telephone:

Section VI: Agency Details

Name of agency complaint is against:

Contact person:

Title:

Telephone Number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

City of Sidney Title VI Coordinator

413 South VanDemark Road

Sidney, OH 45365