Dallas Area Rapid Transit
Title VI Complaint Form

Title VI of the Civil Rights Act provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any DART program or activity that receives federal funding.

If you have a complaint under Title VI, complete this form and submit it to DART, Diversity Department, Title VI Program, P.O. Box 660163, Dallas, TX 75266.

Si se necesita información en otro idioma, llame al (214) 749-2804.

I. COMPLAINANT INFORMATION

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City – State – Zip</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Email Address</td>
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<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>TDD</th>
<th>Audio Tape</th>
<th>Other</th>
</tr>
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II. PRIMARY/THIRD PARTY INFORMATION

Are you filing this complaint on your own behalf?

[ ] YES  ➤ If you answered “YES” to the question, go to Section III.
[ ] NO  ➤ If you answered “NO” to the question, answer the following questions:

a. Please supply the name and relationship of the person for whom you are complaining?

b. Please explain why you have filed for a third party?

c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. [ ] YES  [ ] NO
III. COMPLAINT BASIS

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 side of this form or a separate sheet of paper.

IV. COMPLAINT FILING CONTACTS

Have you previously filed a Title VI complaint with DART? [  ] YES [  ] NO

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  [  ] State Agency  [  ] Local Agency  [  ] Federal Court  [  ] State Court

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

Name:

Title:

Agency:

Address:

City – State – Zip Code

Telephone:

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

________________________________________  __________________________
Complainant’s Signature    Date
Please submit this form in person at the address below or mail this form to:

Dallas Area Rapid Transit  
ATTENTION: TITLE VI COMPLAINTS  
Office of Diversity  
PO Box 660163  
Dallas, TX 75266-7217  

OFFICE USE ONLY

| Jurisdiction: on or before 180 days post event |  |
| Closure: |  |
| [ ] 1 – Closure Letter |  |
| [ ] 2 – Letter of Finding |  |
| [ ] 3 – Administrative (FC) |  |
| [ ] 4 – Administrative (CW) |  |
| Appeal: 10 days post receipt date of Closure Letter or Letter of Finding |  |