



Date Appeal Received	Complaint Number
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Dallas Area Rapid Transit Title VI Appeal Form

Appeals of a final decision must be filed within ten (10) business days after receipt of a final decision letter.

I. APPELLANT INFORMATION

Name	
Address	
City, State, Zip	
Telephone () -	Email Address
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other	

II. PRIMARY/THIRD PARTY INFORMATION

<p>Are you filing this complaint on your own behalf?</p> <p><input type="checkbox"/> YES → If you answered “YES” to the question, go to Section III.</p> <p><input type="checkbox"/> NO → If you answered “NO” to the question, answer the following questions:</p> <p>a. Please supply the name and relationship of the person for whom you are appealing?</p> <p>b. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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III. APPEAL REASONS

<p>I believe the Final Decision rendered in this matter should be reviewed because:</p> <p><input type="checkbox"/> Please explain below.</p>

IV. COMPLAINT FILING CONTACTS

<p>Have you filed this Complaint with any other federal, state or local agency or with any federal or state court:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, check all that apply:</p> <p><input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency</p> <p><input type="checkbox"/> Federal Court <input type="checkbox"/> State Court</p>
<p>Please provide information for a contact person at the agency/court where the complaint was filed.</p>
<p>Names:</p>
<p>Title:</p>
<p>Agency:</p>
<p>City / State / Zip</p>
<p>Telephone:</p>

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
P.O. Box 660163
Dallas, TX 75266-7217

OFFICE USE ONLY

Jurisdiction: on or before 180 days post event	
Closure:	
<input type="checkbox"/> 1 – Closure Letter	
<input type="checkbox"/> 2 – Letter of Findings	
<input type="checkbox"/> 3 – Administrative (FC)	
<input type="checkbox"/> 4 – Administrative (CW)	
Appeal: 10 days post receipt date of Closure Letter of Letter of Finding	