

## TITLE VI COMPLAINT FORM

Section I:						
Name:						
Home Address:						
Telephone (Home):		Telephone (Work):				
Email:		Cell:				
Accessible Format Requirements?	Large Print Other	TDD	Audio	Tape		
Section II:		•				
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 that you have obtained the permission of the aggri- party if you are filing on behalf of a third party.			Yes	No		
Section III:						
Date of Alleged Discrimination (Month, Day, Year):						
I believe the discrimination I experienced was based on (check all that apply):						
Race Color National Orig	in					
Explain as clearly as possible what happy who were involved. Include the name at as well as names and contact information	nd contact information of	•	_	•		

Section IV					
Have you previously filed a Title VI complaint with this agency?		Yes	No		
Section V					
Have you filed this complaint with any other Federal	eral, State, or local agen	cy, or with any l	Federal or State court?		
Yes No					
If yes, check all that apply:					
Federal Agency:					
Federal Court:	State Agency: _		_ State:		
Court:	Local Agency: _		_		
Please provide information about a contact persor	at the agency/court wh	ere the complain	nt was filed.		
Name:					
Title:					
Agency:					
Address:					
Telephone:					
You may attach any written materials or other in Signature and date required below.	formation that you thinl	ι is relevant to y	our complaint.		
Signature		te			
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Please submit this form and any supporting docu or mail this form to:	nmentation in person at	the address belo	w,		

Customer Relations/Title VI Delaware Transit Corporation 119 Lower Beech Street, Suite 100

Wilmington, DE 19805