



### Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states “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.”

Please provide the following information necessary in order to process your complaint. Assistance is available upon request.

Complete this form and mail or deliver to:

Central Ohio Transit Authority  
Customer Service  
33 North High Street  
Columbus, Ohio 43215

You can reach our office by calling (614) 228-1776, 6 a.m.-8 p.m. Monday-Friday, and 8 a.m.-6 p.m. Saturday-Sunday. You can also email our office at [Requests@cota.com](mailto:Requests@cota.com).

1. Complainant’s Name:

\_\_\_\_\_

2. Address:

\_\_\_\_\_

3. Telephone No. (Home):

\_\_\_\_\_ (Business):

\_\_\_\_\_

4. Person alleged to have been discriminated against (if other than complainant):

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

5. What was the discrimination alleged to have been based on? (Circle all that apply)

- a. Race/Color
- b. National Origin
- c. Low Income
- d. Limited English Proficiency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date of incident when alleged discrimination occurred:

\_\_\_\_\_

7. Describe how you were discriminated against. What happened and who was responsible? Please provide the location of the incident, bus number and line. For additional space, attach additional sheets of paper or use back of the form.

8. Witnesses? Please provide their contact information.

Witness 1: Name: \_\_\_\_\_

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

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Witness 2: \_\_\_\_\_

Name:

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

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Witness 3: \_\_\_\_\_

Name:

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

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

9. Please circle whether you filed this complaint with another federal, state, or local agency?

Yes No

If answer is yes, please indicate where the complaint was filed: \_\_\_\_\_

\_\_\_\_\_

10. Provide contact person information for the agency you also filed the complaint with:

Name:

\_\_\_\_\_

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

Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Date Filed: \_\_\_\_\_

**Sign the complaint in space below. Attach any documents you believe supports your complaint.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Printed Name