

Title VI Complaint Form

Instructions: If you would like to file a Title VI complaint with the Transit Authority of River City (TARC), please fill out the form below and send it to:

TARC
Office of Diversity and Inclusion
1000 W. Broadway
Louisville, KY 40203

If you require assistance completing the form, or would like a full copy of TARC’s Title VI policy and complaint procedures call 502-585-1234, or 502-213-3240 (TTY) or email info@ridetarc.org.

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|--|---|---|--|---|--|---|--------------------------------------|---|------------------------------|--|--|--|--|
| 1. Name (Complainant): | | | | | | | | | | | | | |
| 2. Phone: | 3. Home address (street no., city, state, zip): | | | | | | | | | | | | |
| 4. If applicable, name of person(s) who allegedly discriminated against you: | | | | | | | | | | | | | |
| 5. Location and position of person(s) if known: | 6. Date of incident: | | | | | | | | | | | | |
| <p>7. Discrimination because of:</p> <table border="0"> <tr> <td><input type="checkbox"/> Race/Color</td> <td><input type="checkbox"/> Sexual Harassment</td> <td><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td><input type="checkbox"/> National origin</td> <td><input type="checkbox"/> Sexual orientation</td> <td><input type="checkbox"/> Retaliation</td> </tr> <tr> <td><input type="checkbox"/> Creed / religion</td> <td><input type="checkbox"/> Age</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Gender (includes pregnancy)</td> <td><input type="checkbox"/> Vietnam Era Veteran</td> <td></td> </tr> </table> <p>TARC accepts complaints alleging discrimination on the basis of sex, religion, age, disability, and other protected classes; these are not covered by Title VI, but rather under other nondiscrimination authorities. Title VI of the Civil Rights Act of 1964 protects persons from discrimination based on race, color, and national origin.</p> | | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Creed / religion | <input type="checkbox"/> Age | | <input type="checkbox"/> Gender (includes pregnancy) | <input type="checkbox"/> Vietnam Era Veteran | |
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| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Retaliation | | | | | | | | | | | |
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| <input type="checkbox"/> Gender (includes pregnancy) | <input type="checkbox"/> Vietnam Era Veteran | | | | | | | | | | | | |
| 8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case. | | | | | | | | | | | | | |

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| 9. Why do you believe these events occurred? | |
| 10. What other information do you think is relevant to the investigation? | |
| 11. How can this/these issue(s) be resolved to your satisfaction? | |
| 12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses): | |
| Name: | Address: |
| Phone number: | |
| 13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, check all that apply: | |
| <input type="checkbox"/> Federal agency <input type="checkbox"/> Federal court <input type="checkbox"/> State court <input type="checkbox"/> Local agency <input type="checkbox"/> State agency | |
| If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed. | |
| Agency/Court: | Contact's Name: |
| Address: | |
| Phone number: | |
| Signature (Complainant): | Date of filing: |