

**Toledo Area Regional Transit Authority
Title VI Discrimination Complaint Form**

NAME (Complainant):	PHONE: ()
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HOME ADDRESS (Include City, State and ZIP):	E-MAIL (If Applicable):
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If applicable, name of persons who allegedly discriminated against you:

Basis of Discriminatory Action(s):

____Race ____Color ____National Origin ____Sex ____Age ____Disability

Date of Alleged Incident:	Location and position of person(s) who alleged discriminated against you if known:
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Explain 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. Please attach additional pages as needed or any additional written material about your complaint.

