

# Title VI Complaint Form

## Lawrence Transit System Title VI Complaint Form

The Lawrence Transit System is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin in the provision of transportation services and transit-related benefits.

The purpose of this form is to assist you in filing a complaint with the Lawrence Transit System. You are not required to use this form; a letter containing the same information will be sufficient.

If you need assistance in completing this form, please call the Lawrence Transit System's Title VI Coordinator at 785-832-3465.

### **1. Name and address of complainant:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

### **2. Person discriminated against (if someone other than complainant):**

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s):

\_\_\_\_\_

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**3. Please indicate below the basis on which you believe these discriminatory actions were taken (e.g., “Race: African American” or “”).**

\_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_\_ National Origin: \_\_\_\_\_

**4. On what date(s) did the alleged discrimination take place?**

Date(s): \_\_\_\_\_

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

**5. Please describe the alleged incident of discrimination. Provide the names and titles of all transit employees involved, if possible. Explain what happened and whom you believe to be responsible. Please include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**6. Do you have any other information that you think is relevant to our investigation of your allegations?**

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**7. Have you (or the person discriminated against) filed the same or any other complaints with other agencies such as the Federal Transit Administration or KDOT Office of Civil rights, etc.?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, list agency / agencies and contact information below:

Agency: \_\_\_\_\_

Contact name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Date of filing: \_\_\_\_\_ Agency: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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**8. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.**

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(Signature) (Date)

Please feel free to add additional sheets to explain the present situation to us.

Please mail the completed, signed Title VI Complaint Form (please make one copy for your records) to:

Lawrence Transit System  
Attn: Title VI Coordinator  
PO Box 708  
933 New Hampshire Street  
Lawrence KS 66044  
Phone: (785) 832-3465