TITLE VI COMPLAINT FORM

Metropolitan Transit Authority of Harris County, Texas (METRO)
Office of Equal Employment Opportunity (EEO)

METRO 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, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (713) 652-8658. The completed form must be returned to METRO EEO Office, Title VI Coordinator, 1900 Main Street, P.O. Box 61429, Houston, TX 77208-1429.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code
Person(s) Discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Check one)

☐ RACE   Date of Incident: _____

☐ COLOR

☐ NATIONAL ORIGIN
(LIMITED ENGLISH PROFICIENCY)

Time of Incident: _____

Please describe the alleged discrimination incident. Provide the names and titles of all METRO employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

_____

_____

(Complete next page of form)

Please describe the alleged discrimination incident (continued)

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Have you filed a complaint with any other federal, state or local agencies? (Check one)

☐YES   ☐NO

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

_____

Agency: Contact Name:

_____

Street Address, City, State, & Zip Code: Phone:

_____

Agency: Contact Name:

_____

Street Address, City, State, & Zip Code: Phone:

I affirm that I have read the above charge and it is true to the best of my knowledge.

_____   _____

Print or Type Name of Complainant   Date

_____

Complainant's Signature

Date Received:
Received By: