

Title VI Complaint Form

Complaint Form Instructions: If you would like to submit a Title VI complaint to the Harris County Community Services Department Office of Transit Services (HCCSD), please fill out the form below and send it to: Office of Transit Services, Attn: Director, 8410 Lantern Point Drive, Houston, Texas 77054. For questions or a full copy of HCCSD's Title VI policy and complaint procedures call 713-578-2216, visit www.harriscountytransit.com or email transit@csd.hctx.net

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:												
7. Discrimination because of: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Race / Color</td> <td><input type="checkbox"/> Sex (includes sexual harassment)</td> <td><input type="checkbox"/> Vietnam Era Veteran</td> </tr> <tr> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Sexual Orientation</td> <td><input type="checkbox"/> Disabled Veterans</td> </tr> <tr> <td><input type="checkbox"/> Creed / religion</td> <td><input type="checkbox"/> Marital Status</td> <td><input type="checkbox"/> Retaliation</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Limited English</td> </tr> </table>		<input type="checkbox"/> Race / Color	<input type="checkbox"/> Sex (includes sexual harassment)	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disabled Veterans	<input type="checkbox"/> Creed / religion	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Limited English
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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.													

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?

Yes

No

If yes, check all that apply:

Federal agency

Federal Court

State court

Local agency

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: