



TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of **race, color, or national origin**, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d). The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for Citrus Connection, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information Citrus Connection provides. Citrus Connection works to ensure nondiscriminatory transportation in providing public transportation for all Polk County area citizens.

Complaint No.

Name:

Home Number:

Work Number:

Email Address:

Address:	
City:	Zip Code:
List type of discrimination (please check all that apply): Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Other: _____	
Please indicate your race/color, if it is a basis of your complaint:	
Please describe your national origin, if it is a basis of your complaint:	
Location where incident occurred:	
Time and date of incident:	
Name/Position title of the person who allegedly subjected you to Title VI discrimination:	
Briefly describe the incident (use a separate sheet, if necessary):	

Did anyone else witness the incident? Yes No

Please List witnesses (Use a separate sheet, if necessary)

Name:

Address:

Phone number:

Name:

Address:

Phone number:

Have you filed a complaint about this incident with the Federal Transit Administration? Yes No

If Yes, when?

AFFIRMATION

I hereby swear/affirm that the information that I have provided in this Title VI Complaint Form is true and correct to the best of my knowledge, information and belief.

Your Signature

Today's Date

**ACTION TAKEN
(TO BE COMPLETED BY TITLE VI INVESTIGATOR)**

Received on:
Accepted for formal investigation on:
Referred to another department on:
If rejected, because:

Title VI Investigator

Today's Date

Mailing Address:
Marcia Roberson
Director of Regional Mobility Call Center
Lakeland Area Mass Transit District
d.b.a. Citrus Connection
1212 George Jenkins Blvd.
Lakeland, FL 33815
MRoberson@ridecitrus.com