

TITLE VI COMPLAINT FORM



Any person who believes that he or she has been discriminated against by **TREASURE HOUSE** or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with **TREASURE HOUSE**.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at **602-714-8189** (TTY: 711) or via email at info@treasurehouse.org

SECTION 1: CUSTOMER INFORMATION			
First Name:		Last Name:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email:		Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email	

SECTION 2: INCIDENT INFORMATION			
Date of Incident:		Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	City:
Incident Location:		Direction of Travel:	
Route:		Vehicle:	
Operator Name:			
What was the discrimination based on (<i>Check all that apply</i>): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other			

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. You may also attach any written materials or other information relevant to your complaint.

Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No

If yes, please provide information about a contact person at the FTA where the complaint was filed:

Name: _____ Title: _____
 Address: _____ Phone: _____

Have you previously filed a Title VI complaint with this agency/organization? Yes No

Signature _____
Date _____