

Geauga County Transit Title VI Complaint Form

Section I			
Name:			
Address:			
Telephone:		Telephone (secondary):	
Electronic Mail Address:			
Accessible Format Requirements?	<input type="checkbox"/>	Large Print	<input type="checkbox"/>
	<input type="checkbox"/>	TDD	<input type="checkbox"/>
			Audio Tape
			Other:
Section II			
Are you filing this complaint on your own behalf?		Yes*	No
* If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for the third party:			
Please confirm that you have obtained the permission of the aggrieved party, if you are filing on behalf of a third party.		Yes	No
Section III			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/>	Race	<input type="checkbox"/>	Color
<input type="checkbox"/>	Age	<input type="checkbox"/>	Disability
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Low Income
<input type="checkbox"/>	Sex		
Date of Alleged Discrimination (Month, Day, Year):			
Explain as clearly as possible, on the back of this form 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 name and contact information of any witness.			
Section IV			
Have you previously filed a Title VI complaint with this agency?		Yes	No
Section V			
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:		<input type="checkbox"/>	State Agency
<input type="checkbox"/>	Federal Agency	<input type="checkbox"/>	State Court
<input type="checkbox"/>	Federal Court	<input type="checkbox"/>	Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.			
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section IV			
Name of Agency complaint is against:			
Contact person:			
Title:			
Telephone:			

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature:

Date:

Please submit this form in person at the address, or mail to:

Geauga County Transit
Director of Transportation
12555 Merritt Rd.
Chardon, OH 44024