Title VI Complaint Form

Instructions:
If you wish to submit a Title VI complaint to METRO Regional Transit Authority, please fill out the form below and send it to: METRO RTA, Attn: EEO Officer, 416 Kenmore Blvd., Akron, OH 44301. You can also fax the form to 330-762-0854, Attn: EEO officer. For a full copy of METRO’s Title VI procedures, or for questions about this process please visit www.akronmetro.org or call 330-762-0341 and ask to speak with the EEO Officer.

1. Name (complainant):
________________________________________________________________________

2. Phone:
( _____ ) ________________________

3. Home Address (Street #, City, ST, Zip):
________________________________________________________________________

4. If applicable, name and title of person(s) who allegedly discriminated against you:
________________________________________________________________________

5. Location where the alleged incident took place:
________________________________________________________________________

6. Date of alleged incident (or date range if activity took place on more than one date):
________________________________________________________________________

7. Is this activity still on-going?
☐ Yes      ☐ No
8. Discrimination was based on:
- Race/Color
- Sex (includes sexual harassment)
- Vietnam Era Veteran
- National Origin
- Sexual Orientation
- Disabled Veteran
- Creed/Religion
- Disability
- Age
- Retaliation

9. In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently. If more space is needed please feel free to use the back of this form.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

10. Please list below any person(s) we may contact for additional information to support or clarify your complaint:

______________________________________________________________________

11. 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 Agency
- State Court
- Local Agency

Please provide the name and phone number of the contact person at the agency/court where the complaint was filed:

______________________________________________________________________

12. Please sign below. You may attach any written or other information that you think is relevant to your complaint.

___________________________________________ ____________________
Signature: Date: