

BASIN TRANSIT SERVICE  
TITLE VI COMPLAINT FORM

Section I

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible Format Requirements?      Large Print \_\_\_\_\_ Audio Tape \_\_\_\_\_  
TTY \_\_\_\_\_ 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 a 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):  
 Race     Color     National Origin     Sex     Disability     Low Income  
 Limited English Proficiency

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List name(s) and contact information of any witnesses. If more space is needed, please use the back of this form.

\_\_\_\_\_

\_\_\_\_\_

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 and enter name of agency or court:

Federal Agency:  Federal Court  State Agency  State Court

Local Agency

Please provide information about a contact person at the agency or court where the complaint was filed:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section VI

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please 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 below, or mail this form to:

Basin Transit Service  
1130 Adam Street  
Klamath Falls, Oregon 97601  
Email: bts@ccountry.net

Office of Civil Rights  
**TITLE VI Compliant Form**



Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

*Title 42 U.S.C. Section 2000d*

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact ODOT OCR at (503) 986-3169.

**Complete this form and return to:**

Oregon Department of Transportation  
Office of Civil Rights, Title VI Officer  
355 Capitol St. NE  
Salem, OR 97301

---

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home) : \_\_\_\_\_ (Work): \_\_\_\_\_

Person(s) discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

What is the discrimination based on?

- Race/Color       National Origin       Sex       Disability  
 Low Income       Limited English Proficiency

Date of the alleged discrimination: \_\_\_\_\_ Location: \_\_\_\_\_

Agency or person that who was responsible for alleged discrimination:

\_\_\_\_\_

Describe the alleged Discrimination. Explain what happened and whom you believe was responsible (for additional space, attach additional sheets of paper to this form.

List names and contact information of persons who may have knowledge of the alleged discrimination.

How can this complaint be resolved? How can the problem be corrected?

**Please sign and date. The complaint will not be accepted if it is has not been signed. You may attach any written materials or other supporting information that you think is relevant to your compliant.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Federal Transit Administration  
Office of Civil Rights  
Complaint Form

**Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

**The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.**

**In the FTA complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.**

**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 a 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**

Have you previously filed a Title VI complaint with FTA? Yes \_\_\_\_ No \_\_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider \_\_\_\_ Department of Transportation \_\_\_\_

Department of Justice \_\_\_\_ Equal Employment Opportunity Commission \_\_\_\_

Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide a copy of the complaint form.

**[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]**

**Section IV**

Name of public transit provider complaint is against:

\_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

**Section V**

May we release a copy of your complaint to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

May we release your identity to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

[Note - We cannot accept your complaint without a signature.]

---

**Please mail your completed form to: Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5<sup>th</sup> Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590**