

Appendix B – Title VI Complaint Form

Johnson County Transit Title VI Complaint Form

Note: Your complaint must be received by Johnson County within 180 days of the alleged incident.

Section I

Name: _____

Address: _____

Telephone Numbers: (Home) _____ (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____ TDD _____

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 _____

Date of Alleged Discrimination (Month, Day, Year): _____

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, use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency (Johnson County Transit)?
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, list all that apply:

Federal Agency: _____ Federal Court:

State Court: _____ State Agency: _____

Local Agency: _____ Other:

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

Name: _____ Title: _____

Agency: _____ Address: _____

Telephone: _____

Section VI

Name of agency this 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 below, or mail this form to:

Business Liaison
Johnson County Government
1701 W. 56 Highway
Olathe, Kansas 66061

If information is needed in another language, please contact Johnson County at 913-782-2210.

Si se necesita información en español, por favor contacte al 913-715-2210.