“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

This form is to be used to file a complaint with SMSTS based on purported violations of Title VI of the Civil Rights Act of 1964 or the American with Disabilities Act of 1990. If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. If you need assistance completing this form, please contact us by phone at (573)651-2963, or fax (573)651-2707

Please mail or return this form to:

Title VI Coordinator
Southeast Missouri State Transit
1 University Plaza
Cape Girardeau, MO 63701
Fax: (573) 651-2963
Email: transit@semo.edu
Southeast Missouri State Transit
Title VI Complaint Form

Only the complainant or the complainant’s representative must complete this form.

1. Complainant’s Name:
   a. Address:
   b. City: State: Zip Code:
   c. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work)
      ( ) ( )
   d. E-Mail:
      Do you prefer to be contacted via this e-mail address? ☐ Yes ☐ No

2. Accessible Format of Form Needed? ☐ Large Print ☐ Audio Tape ☐ TDD
   ☐ Other (please specify):

3. Are you filing this complaint on your own behalf? ☐ Yes If YES, please go to Question 7
   ☐ No If no, please go to question 4

4. If you answered NO to question 3 above, please provide your name and address:
   a. Name of Person Filing Complaint:
   b. Address:
   c. City: State: Zip Code:
   d. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work)
      ( ) ( )
   e. E-Mail:
      Do you prefer to be contacted via this e-mail address? ☐ Yes ☐ No

1. What is your relationship to the person for whom you are filing the complaint?

2. Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party. ☐ Yes, I have permission. ☐ No, I do not have permission.

3. I believe that the discrimination I experienced was based on (check all that apply)
   ☐ Race ☐ Color ☐ National Origin (Classes protected by Title VI)
   ☐ Other (please specify)

4. Date of the Alleged Discrimination (Month, Day, Year):

5. Where did the Alleged Discrimination take place?

10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of form or separate pages, if additional space is required.*
11. Please list any and all witnesses’ names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.

12. What type of corrective action would you like to see taken?

13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No
   a. ☐ Federal Agency (List agency’s name)
   b. ☐ Federal Court (Provide location)
   c. ☐ State Court (Provide location)
   d. ☐ State Agency (Specify Agency)
   e. ☐ Court (Specify Court and )
   f. ☐ Local Agency (Specify Agency)

14. Please provide information about a contact person at the agency/court where the complaint was filed.
   Name: _______________________________ Title: _______________________________
   Agency: ______________________________ Telephone: (____)
   Address: ______________________________
   City: _______________________________ State: __________ Zip Code: __________

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

Signature and date is required:

______________________________    ______________________
Signature                          Date

If you completed Questions 4, 5 and 6, your signature and date is required:

______________________________    ______________________
Signature                          Date