EZ-RIDER TITLE VI COMPLAINT FORM

This form is used to file a complaint with Midland Odessa Urban Transit District, d.b.a. "EZ-Rider", based on purported violations of Title VI of the Civil Rights Act of 1964. You are not required to use the attached form. A letter that provides the same information is sufficient to file a complaint.

If you need assistance completing this form due to physical impairment, please contact our office by phone at (432) 561-9990.

	Telephone (Work):				
Electronic Mail Address:					
Large Print		Audio Tape			
TDD		Other			
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.			No		
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
olor	[] National Origin				
Date of Alleged Discrimination (Month, Day, Year):					
ere involved. Include the na	ame and con	tact information of th	e person(s) who		
	int on your own behalf? this question, go to Sect ame and relationship of taning: we filed for a third party ave obtained the permissifiling on behalf of a third experienced was based of olor on (Month, Day, Year): what happened and why are involved. Include the na known) as well as names a	Large Print TDD int on your own behalf? this question, go to Section III. ame and relationship of the person ning: ave filed for a third party: ave obtained the permission of the filing on behalf of a third party. experienced was based on (check all olor [] National on (Month, Day, Year): what happened and why you believe the involved. Include the name and contact known) as well as names and contact	Large Print Audio Tape TDD Other Int on your own behalf? Yes* this question, go to Section III. In ame and relationship of the person ning: Inve filed for a third party: Inve obtained the permission of the filing on behalf of a third party. I experienced was based on (check all that apply): I olor [] National Origin I on (Month, Day, Year): I what happened and why you believe you were discriminative involved. Include the name and contact information of the known) as well as names and contact information of any wi		

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 court?	Federal, State, or local a	agency, or with ar	ny Federal or State	
[] Yes [] No				
If yes, check all that apply:				
[] Federal Agency:				
[] Federal Court	[] State Age	[] State Agency		
[] State Court	[] Local Age	[] Local Agency		
Please provide information about a contact p	person at the agency/co	ourt where the co	mplaint was filed.	
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency complaint is against:				
Contact person:				
Title:				
Telephone number:				
ou may attach any written materials or oth omplaint.	er information that you	ı think is relevan	t to your	
Signature		Date		
Please submit this form in person at the	address below, or ma	ail this form to:		
EZ-Rider				

Title VI Coordinator

P.O. Box 60808, Midland, TX 79711