

## 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.

<b>Section I:</b>				
Name: _____				
Address: _____				
Telephone (Home): _____			Telephone (Work): _____	
Electronic Mail Address: _____				
Accessible Format Requirements?	Large Print	_____	Audio Tape	_____
	TDD	_____	Other	_____
<b>Section II:</b>				
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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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, please use the back of this form.				
_____				
_____				
_____				

