



**YORK ADAMS TRANSPORTATION AUTHORITY
TITLE VI I CIVIL RIGHTS COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires that “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.” Please call for our policy or visit our website at www.rabbittransit.org.

If you feel you have been discriminated against in transit services, please print and complete the following form, sign (signature in Section 4 required) and return to:

rabbittransit (York Adams Transportation Authority)
ATTN: Patricia Miller, YATA Compliance Officer
1230 Roosevelt Avenue
York, PA 17404
Telephone - (717) 849-0709
Fax - (717) 846-1232

Section I:

Please print CLEARLY

1. Name (Complainant):

2. Home Address:

City, State, Zip Code:

3. Telephone Number: _____ Email Address _____

Section 2:

1. Are you filing this complaint on your own behalf? Yes No
(If you answered “yes” to this question, please go to Section III.)

2. If you answered “no” to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:

3. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? Yes No

Section 3:

1. Date of Incident: _____

2. If applicable, name of person(s) who allegedly discriminated against you:

3. Discrimination based on (please check all that apply): Race Color National Origin
 Other, please describe _____

4. Please provide a brief explanation of the incident and how you feel you were discriminated against including how you feel others may have been treated differently than you.

5. Please list addresses and phone numbers of all witnesses' names or others we can contact to support or clarify your complaint.

| Name | Address | Phone Number |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

7. Please attach any documents you have which support the allegation. Attached Yes No

8. Have you previously filed a Title VII complaint with York Adams Transportation Authority?
 Yes No If yes, please provide date of incident. _____

Section 4:

Signature: _____ Date of Filing: _____

Print your name: _____

Please note: York Adams Transportation Authority cannot accept your complaint without a signature.