

Date Complaint Received	Complaint Number
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Inland Port Transportation Management Association Title VI Complaint Form

Title VI of the Civil Rights Act provides that no person shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any DART program or activity that receives federal funding.

If you have a Complaint under Title VI, complete this form and submit it to Inland Port Transportation Management Association, c/o DART, Diversity Department, Title VI Program, P.O. Box 660163, Dallas, TX 75266.

Si se necesita información en otro idioma, llame al (469) 841-8658.

I. COMPLAINANT INFORMATION

Name	
Address	
City, State, Zip	
Telephone () -	Email Address
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other	

II. PRIMARY/THIRD PARTY INFORMATION

<p>Are you filing this complaint on your own behalf?</p> <p><input type="checkbox"/> YES → If you answered “YES” to the question, go to Section III.</p> <p><input type="checkbox"/> NO → If you answered “NO” to the question, answer the following questions:</p>
<p>a. Please supply the name and relationship of the person for whom you are complaining?</p>
<p>b. Please explain why you have filed for a third party?</p>
<p>c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

III. COMPLAINT BASIS

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 Description (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 side of this form or a separate sheet of paper.

IV. COMPLAINT FILING CONTACTS

Have you previously filed a Title VI Complaint with IPTMA? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you filed this Complaint with any other federal, state or local agency or with any federal or state court: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court
Please provide information for a contact person at the agency/court where the complaint was filed.
Names:
Title:
Agency:
City / State / Zip
Telephone:

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

Complainant's Signature

Date

Please submit this form in person at the address below or mail this to:

Inland Port Transportation Management Association
c/o Dallas Area Rapid Transit
ATTENTION: TITLE VI COMPLAINTS
Office of Diversity
P.O. Box 660163
Dallas, TX 75266-7217

OFFICE USE ONLY

Jurisdiction: on or before 180 days post event	
Closure:	
<input type="checkbox"/> 1 – Closure Letter	
<input type="checkbox"/> 2 – Letter of Findings	
<input type="checkbox"/> 3 – Administrative (FC)	
<input type="checkbox"/> 4 – Administrative (CW)	
Appeal: 10 days post receipt date of Closure Letter of Letter of Finding	