

**TITLE VI COMPLAINT FORM
CENTRAL MIDLANDS REGIONAL TRANSIT AUTHORITY (CMRTA)**

CMRTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (803) 255-7133. The completed form must be returned to CMRTA Office Title VI Coordinator, PO BOX 214 Columbia SC 29202

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	
Email address:	

Which of the following best describes the reason for the alleged discrimination took place? (Circle one) **Date of Incident:** _____

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all CMRTA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form and add sheets if additional space is required.

(Be Sure to complete Page 2 of this form)

