TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by the cities of Tempe or Phoenix, Valley Metro or any of their service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at 602.253.5000 (TTY: 602.251.2039) or via email at csr@valleymetro.org.

<u> </u>	SECTION 1: CUSTO	ER INFORMATION	
Address: City: State: Zip: Home Phone: Email: Preferred method of contact: Phone Email SECTION 2: INCIDENT INFORMATION Date of Incident: Incident Location: Bus/Light Rail/Streetcar #: Service Type: Local Bus Express/RAPID Circulator/Connector Light Rail Streetcar Dial-a-Ride Operator Description: What was the discrimination based on (Check allthat apply): 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 heack of this form. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: Title: Address: Phone: Have you previously filed a Title VI complaint with this agency? Yes No Signature and date required below:	First Name:	Last Name:	
Cell Phone:			
Cell Phone:	City:	State:Zip:	
Date of Incident:Time of Incident:AM			
Date of Incident:Time of Incident:AM _ PM City:	Email:	Preferred method of contact: \Box Phone \Box	Email
Direction of Travel:	SECTION 2: INCIDE	T INFORMATION	
Service Type: \Box Local Bus \Box Express/RAPID \Box Circulator/Connector \Box Light Rail \Box Streetcar \Box Dial-a-Ride Operator Name: \Box Operator Description: \Box What was the discrimination based on (Check allthat apply): \Box Race \Box Color \Box National Origin \Box Other \Box 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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? \Box Yes \Box No [If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: \Box Title: \Box Phone: \Box Have you previously filed a Title VI complaint with this agency? \Box Yes \Box No Signature and date required below:	Date of Incident:	Time of Incident:AM PM City:	
Service Type: \Box Local Bus \Box Express/RAPID \Box Circulator/Connector \Box Light Rail \Box Streetcar \Box Dial-a-Ride Operator Name: \Box Operator Description: \Box What was the discrimination based on (Check allthat apply): \Box Race \Box Color \Box National Origin \Box Other \Box 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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? \Box Yes \Box No [If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: \Box Title: \Box Phone: \Box Have you previously filed a Title VI complaint with this agency? \Box Yes \Box No Signature and date required below:	Incident Location:	Direction of Travel:	
Service Type: \Box Local Bus \Box Express/RAPID \Box Circulator/Connector \Box Light Rail \Box Streetcar \Box Dial-a-Ride Operator Name: \Box Operator Description: \Box What was the discrimination based on (Check allthat apply): \Box Race \Box Color \Box National Origin \Box Other \Box 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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? \Box Yes \Box No [If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: \Box Title: \Box Phone: \Box Have you previously filed a Title VI complaint with this agency? \Box Yes \Box No Signature and date required below:	Route #:	Bus/Light Rail/Streetcar #:	
Operator Description: What was the discrimination based on (Check allthat apply): Race Color National Origin Other 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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No [If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: Address: Phone: Have you previously filed a Title VI complaint with this agency? Yes No Signature and date required below:	Service Type: Local E	s \square Express/RAPID \square Circulator/Connector \square Light Rail \square Streetcar \square Dial-a	a-Ride
What was the discrimination based on (Check allthat apply): 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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: Address: Phone: Have you previously filed a Title VI complaint with this agency? Yes No Signature and date required below:	Operator Name:		
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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No If yes, please provide information about a contact person at the FTA where the complaint was filed: Name:	Operator Description:		
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. You may also attach any written materials or other information relevant to your complaint. Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No If yes, please provide information about a contact person at the FTA where the complaint was filed: Name: Title: Address: Phone: Have you previously filed a Title VI complaint with this agency? Yes No Signature and date required below:	What was the discrimina	on based on <i>(Check allthat apply):</i> \square Race $\ \square$ Color $\ \square$ National Origin $\ \square$ Other $_$	
If yes, please provide information about a contact person at the FTA where the complaint was filed: Name:			
Have you previously filed a Title VI complaint with this agency? Yes No Signature and date required below: Signature Signature	If yes, please provide in	rmation about a contact person at the FTA where the complaint was filed:	
Signature and date required below: Tempe in Motion Signature	Address:	Phone:	
	• •		pe
	Signature_		

City of Phoenix